



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Clinical Reporting System (CRS)

For FY 2006 Clinical Measures (BGP)

User Manual

Version 6.0
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PREFACE

This manual contains the user manual for the CRS Clinical Reporting System version 6.0, which adds FY 2006 clinical performance measures to existing FY 2002 through FY 2005 measures.

The CRS Clinical Reporting System is an RPMS (Resource and Patient Management System) software application designed for national reporting as well as local and Area monitoring of clinical GPRA and developmental measures. CRS was first released for FY 2002 performance measures (as GPRA+) and is based on a design by the Aberdeen Area (GPRA2000).

The Government Performance and Results Act (GPRA) requires Federal agencies to report annually on how the agency measured up against the performance targets set in its annual Plan. IHS GPRA measures include measures for clinical prevention and treatment, quality of care, infrastructure, and administrative efficiency functions. The CRS Clinical Reporting System is the reporting tool used by the IHS Office of Planning and Evaluation to collect and report clinical performance results annually to the Department of Health and Human Services (DHHS) and to Congress.

Each year, an updated version of CRS software is released to reflect changes in the logic descriptions of the different denominators and numerators. Additional performance measures may also be added. Local facilities can run reports as often as they want to and can also use CRS to transmit data to their Area. The Area Office can use CRS to produce an aggregated Area report for either annual GPRA or Area Director Performance reports.

The CRS Clinical Reporting System will produce reports on demand from local RPMS databases for both GPRA and developmental clinical performance measures that are based on RPMS data. CRS is intended to eliminate the need for manual chart audits for evaluating and reporting clinical measures. Administrative and clinical users will be able to review individual or all measures at any time, and can:

- identify potential data issues in their RPMS, i.e., missing or incorrect data;
- monitor their site's performance against past national performance and upcoming agency goals;
- identify specific areas where the facility is not meeting the measure in order to initiate business process or other changes;
- quickly measure impact of process changes on performance measures;
- identify areas meeting or exceeding measures to provide lessons learned.

To produce reports with comparable data across every facility, the GPRA measure definition was "translated" into programming code with the assistance of clinical subject matter experts. CRS uses pre-defined taxonomies to find data items in PCC to determine if a patient meets the performance measure criteria. Taxonomies contain groups of codes (e.g., diagnoses or procedures) or site-specific terms. Each performance measure has one or more denominators and numerators defined.

CRS is intended for use by Area and site Quality Improvement staff, Compliance Officers, GPRA Coordinators, clinical staff such as physicians, nurses, nurse practitioners, and other providers, Area Directors, as well as any staff involved with quality assurance initiatives.

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1.0 About This Manual

This manual provides user instructions for the CRS Clinical Reporting System version 6.0 (FY 2006 Clinical Performance Measures).

The chapters included in the manual cover the main components of this system:

- System set up, including taxonomies and site parameters
- Using the report option to produce different reports: National GPRA, Selected Measures, CMS, GPRA Performance, HEDIS Performance, Elder Care, and Taxonomy reports.
- Exporting and aggregating Area-level data for National GPRA, HEDIS Performance, and Elder Care reports.

Refer to the Administrator Manual for information on the logic used and sample output for each individual performance measure.

1.1 Key Changes for Version 6.0

Enhancements for version 6.0 include the addition of the following new performance measures:

- Antidepressant Medication Management¹
- Prediabetes/Metabolic Syndrome
- Osteoporosis Screening in Women

Significant changes to existing performance measures include:

- **Diabetes: Blood Pressure (BP) Control:** Revised logic to use lowest BP, defined as BP with lowest systolic value, in the event a single visit contains multiple BP values.
- **Diabetes: Nephropathy Assessment:** To be consistent with the Diabetes Program logic, added several values to positive urine protein definition for sites that document positive as “Small”, “Medium” or “Large”.
- **Diabetes: Dental Access:** Changed to non-GPRA measure and removed from the National GPRA report.
- **Topical Fluoride:** The number of applications numerator changed to non-GPRA measure. However, the number of patients numerator remains as a GPRA measure and both remain on the National GPRA report.
- **Childhood Immunizations:** Added new denominator for Active Immunization Package patients; deleted all of the 4:3:1 numerators; and added Tdap (CPT 90715 and CVX 115) to logic definition.
- **Colorectal Cancer:** Changed to GPRA measure.

¹ HEDIS-based measure.

- **Tobacco Use and Exposure Assessment:** Changed to non-GPRA measure.
- **Tobacco Cessation:** Changed to GPRA measure and added to the National GPRA report; combined counseling and medications counseling numerators; added breakdowns by age and gender; revised denominator logic to include patients with health factors of Cessation-Smoker, Cessation-Smokeless or both; revised quit tobacco use numerator by removing health factors of Cessation-Smoker, Cessation-Smokeless, or Both; and added refusals to counseling numerator.
- **Alcohol Screening (FAS Prevention):** Added PCC exam code 35 for screening numerator; added refusals to screening numerator; and added sub-numerator for refusals.
- **Depression Screening:** Changed to GPRA measure; revised name from Depression/Anxiety Screening; removed all logic for anxiety screening/diagnoses; changed age range for Active Clinical and User Pop denominators from 40+ to 18+; removed all patient education codes for screening; added Exam Code 36 for screening; revised diagnosis and POV codes for depression diagnosis to be those for mood disorder diagnosis; included refusals for screening.
- **Obesity Assessment:** Changed to non-GPRA measure; added refusals to BMI calculated numerator; and added separate refusal numerator.
- **Childhood Weight Control:** Changed to GPRA measure and added breakdowns by gender and age.
- **CVD and Blood Pressure Control:** Revised method for calculation of mean BP to use last 3 non-ER BPs (vs. 2) so it is consistent with how BP is calculated in other measures, such as diabetes and revised logic to use lowest BP value, defined as BP with lowest systolic value, in the event a single visit contains multiple BP values.
- **Controlling High Blood Pressure:** Revised method for calculation of mean BP to use last 3 non-ER BPs so it is consistent with how BP is calculated in other measures, such as diabetes; revised logic to use lowest BP value, defined as BP with lowest systolic value, in the event a single visit contains multiple BP values; revised diagnosis codes for ESRD from 585 to 585.1-585.9; fixed problem with not requiring patients in the Active Clinical denominator to meet the Active Clinical definition.
- **Comprehensive CVD-Related Assessment:** Revised logic text to indicate BP documented means having 2 non-ER BPs during the Report Period; changed logic for depression screening to match new logic in the Depression Screening measure; added refusals for BMI logic to match revised logic used in Obesity Assessment.
- **Beta-Blocker Treatment After a Heart Attack and Persistence of Beta-Blocker Treatment After a Heart Attack:** Added breakdowns by gender.
- **Cholesterol Management After Acute CVD Event:** Added numerator for LDL >130.

- **Public Health Nursing:** Changed to non-GPRA measure.

Additional key enhancements and revisions include the following:

- **Addition of new CHS-Only site parameter.** This parameter should be used (i.e. set to “Yes”) by sites that provide only Contract Health Services to its patients. Usage of this site parameter changes the definition of the Active Clinical population to the Active Clinical CHS definition. This definition requires the patient to have 2 CHS visits in the past 3 years versus 2 visits to specific medical clinics in the past 3 years.
- **New Comprehensive GPRA Patient List.** Report that lists patients included in GPRA measures and lists which measures they did not meet.
- **New site-populated lab and medication taxonomy reports.** Formatted reports containing all of the lab tests and medications included in each site-populated taxonomy. The lab report in particular would be a good report to provide to a facility’s lab staff for review and to see if any new lab tests need to be added to the taxonomies.
- **New childhood height and weight data file (GPRA developmental).** Effective with this version, whenever a facility exports its National GPRA report data to the Area Office, it will contain height and weight data for all children ages 0-18 years as of the report end date. A new Area Aggregate option will create the aggregate file containing unduplicated height and weight data for those patients. This file should be exported to the Division of Epidemiology, where it will construct frequency curves of BMI as a GPRA developmental performance measure.
- **Updated GUI.** This optional version of the CRS application contains all of the same functionality as the CHUI/roll-and-scroll version.

2.0 Orientation

The following are some common terms and abbreviations used in this manual.

Active Clinical CHS Patients: the basic denominator definition used by CRS when the CHS-Only Site Parameter is set to “Yes”. The Active Clinical CHS definition was developed specifically for facilities that provide only Contract Health Services to its patients and the majority of its patients do not meet the Active Clinical denominator definition. See section 3.2.3.2 for detailed description of the denominator.

Active Clinical Patients: the basic denominator definition used by CRS. The Active Clinical definition was developed specifically for clinical performance measures because it was felt to be more representative of the active clinical population than the standard GPRA User Population definition. See section 3.2.3.1 for detailed description of the denominator.

AI/AN: Abbreviation for American Indian and Alaska Natives.

ASUFAC Code: The six-digit code representing the Area, Service Unity and Facility location for any individual direct, tribal or urban healthcare location. The ASUFAC is used by CRS to identify the site creating the reports.

Baseline Year: CRS calculates and reports on results for and comparisons between three time periods for each measure: the Current Year (defined by the user); the Previous Year; and the Baseline Year (defined by the user). For the National GPRA report, baseline information will be determined by the Office of Planning and Evaluation and provided to sites prior to report deadlines.

BGP: The technical name of the CRS software, otherwise referred to as the “namespace” for the RPMS component. (A namespace is a unique set of two to four alpha characters assigned by the database administrator to a software application.)

CPT Codes: One of several code sets used by the healthcare industry to standardize data, allowing for comparison and analysis. Current Procedural Terminology was developed and is updated annually by the American Medical Association and is widely used in producing bills for services rendered to patients. CPTs include codes for diagnostic and therapeutic procedures, and specify information that differentiates the codes based on cost. CPT codes are the most widely accepted nomenclature in the United States for reporting physician procedures and services for federal and private insurance third-party reimbursement. CRS searches for CPT and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

CRS: CRS (Clinical Reporting System) is a component of the RPMS (Resource and Patient Management System) software suite. CRS provides sites with the ability to report on GPRA and developmental clinical measures from local RPMS databases.

Denominator: The denominator for a performance measure is the total patient population being reviewed to determine how many (what percentage) of the total meet the definition of the measure. Different measures have different denominators, e.g., all patients or all adult diabetic patients or all female patients between certain ages.

Developmental Measures: For IHS, these are clinical performance measures that are being tested for possible inclusion as formal GPRA measures. The purpose of developmental measures is to test over two to three years whether accurate data can be reported and measured.

FY: Abbreviation for Fiscal Year. The fiscal year for the federal government is October 1 through September 30.

GPRA: Abbreviation for Government Performance and Results Act, a Federal law requiring Federal agencies to document annually their goals and progress towards their goals. See section 3.1.1 for detailed description.

GPRA Measure: Performance measures specifically identified in the IHS Annual Performance Plan to Congress. Each measure has one denominator and one numerator. For FY 2006, the IHS has 36 GPRA measures in four main categories: Treatment (21), Prevention (12), and Capital Programming/Infrastructure (3). These measures address the most significant health problems facing the AI/AN population.

GPRA Report to Congress: IHS, as well as all other Federal agencies, provides an annual report to Congress in conjunction with its next year budget request to document how well and cost effectively the agency meets its defined mission. The report has three parts: 1) reporting on how many of the previous fiscal year measures were met and explanations for those measures not met; 2) providing final definitions for performance measures for the current fiscal year; and 3) providing any proposed additions, deletions and definition changes to measures for the following fiscal year. Aggregated data from the future CRS version 6.1 (FY06) will be used to report most clinical measures in the FY 2006 Performance Report.

GPRA User Population: The standard User Population definition was developed by IHS to define its core population for statistical reporting to Congress. CRS uses a slightly different definition, referred to as the GPRA User Population, which is defined as any AI/AN patient who is alive during the entire report period and residing in the defined community with at least one visit to any clinic in the three years prior to the end of the Report period. Most measures included on the National GPRA Report use the Active Clinical population definition. See section 3.2.3 for detailed description of the two denominators.

GUI: Abbreviation for graphical user interface, which is a Windows-based version of the CRS application. The GUI is available in addition to the character-based user interface (CHUI, also known as roll-and-scroll).

Healthy People 2010 (HP 2010): HP 2010 presents a comprehensive, nationwide health promotion and disease prevention agenda under the direction of the U.S. Department of Health and Human Services. HP 2010 performance indicator definitions and related targets are used by many healthcare organizations, including IHS, as the basis for its own clinical performance measures.

HEDIS: Health Plan Employer Data and Information Set (HEDIS®). HEDIS is a set of standardized performance measures originally designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans. HEDIS has evolved into focusing on healthcare prevention standards.

I/T/U: Abbreviation referring to all IHS direct, tribal, and urban facilities. Using the abbreviation I/T/U generally means that all components of the Indian health care system are being referred to, not just IHS direct sites.

ICD Codes: One of several code sets used by the healthcare industry to standardize data. The International Classification of Disease (ICD) is an international diagnostic coding scheme. In addition to diseases, ICD also includes several families of terms for medical-specialty diagnoses, health status, disablements, procedure and reasons for contact with healthcare providers. IHS currently uses ICD-9 for coding. CRS searches for ICD and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

Logic: The detailed definition, including specific RPMS fields and codes, of how the CRS software defines a denominator or numerator.

LOINC: Logical Observations, Identifiers, Names, and Codes. A standard coding system originally initiated for Laboratory values, the system is being extended to include non-laboratory observations (vital signs, electrocardiograms, etc.). Standard code sets are used to define individual tests and mitigate variations in local terminologies for lab and other healthcare procedures, e.g., Glucose or Glucose Test. IHS began integrating LOINC values into RPMS in several pilot sites in 2002.

National GPRA Report: In CRS, the National GPRA Report is a report that includes the specific denominator and numerator from each of the clinical performance measure topics included in the IHS GPRA performance plan and other key developmental (i.e., non-GPRA) measures. The National GPRA Report can be run and printed locally for site use or can be simultaneously printed at the site and exported to the Area for use in an Area aggregate report.

Numerator: The numerator is the number of patients from the denominator, i.e., the total population surveyed, who meet the logic criteria for a performance measure.

Patient List: CRS will produce for each measure a list of patients related to the specific measure. Most patient lists include patients from the denominator with any visit dates and/or codes that identifies them as meeting the measure. Patient lists are a

good way to identify patients who need a procedure or test, e.g., patients ages 50 and older who have not received Influenza vaccinations.

Performance Measure: A specific performance measure with one defined denominator and numerator. Measures are definitions of specific measurable objectives that can demonstrate progress toward the goals stated in an organization's strategic and/or performance plans.

Performance Measure Topic: An overarching clinical topic, e.g., Diabetes: Blood Pressure Control. Each topic may have multiple denominators and numerators that are related to the topic. For example, the Diabetes: Blood Pressure topic has three numerators: 1) how many diabetic patients had a minimum of two (2) blood pressure values in the past year; 2) how many patients had controlled BP, defined as mean BP value less than 130/80; and 3) how many patients had uncontrolled BP. Out of these three, the GPRA measure is Controlled Blood Pressure.

PIT (Performance Improvement Team): Facilities will have different names for their PITs, including GPRA Improvement, Quality Improvement, or other similar phrases. A PIT should represent members from all areas of the clinic staff, including providers (physicians, nurses, physician assistants, pharmacists, etc), medical records staff, data entry staff, quality assurance staff, Site Managers or other information technology staff, etc.

QI: Abbreviation for quality improvement.

Report Period: CRS reports analyze and report on a minimum of one year's data for all performance measures. In all reports except the National GPRA report, users define the Report period by selecting one of the pre-defined date ranges and entering the fiscal year of the end of the reporting period. For example, selecting July 1 – June 30 with a fiscal year of 2006 will define July 1, 2005 – June 30, 2006 as the Report Period. All CRS reports also display the Previous and Baseline periods for comparison.

Selected Measures Report (CRS): This type of report displays results for all denominators and numerators related to the one or more performance measure topics (GPRA and/or developmental) selected by the user. CRS documents the number of patients in the denominators and numerators as well as the percentage of patients meeting the definition. The report compares performance for three time periods: Current Year (user defined), Previous Year, and Baseline Year (user defined). Selected Measures reports can also produce patient lists at user request.

Taxonomy: Taxonomies are groupings of functionally related data elements, such as specific codes, code ranges, or terms, that are used by various RPMS applications to find data items in PCC to determine if a patient meets a certain criteria. To ensure comparable data within the agency as well as to external organizations, as much CRS measure logic as possible is based on standard national codes, such as CPTs or ICD-9. For terminology that is not standardized across each facility, such as lab tests or

medications, CRS uses taxonomies that can be populated by each individual facility with its own codes.

3.0 Introduction

The CRS Clinical Reporting System is an RPMS (Resource and Patient Management System) software application designed for local and Area monitoring of clinical performance measures in a timely manner.

Because definitions of clinical performance measures can change every year, CRS will be updated and released annually. The current version BGP 6.0 adds FY 2006 clinical performance measures to existing FY 2005 through FY 2002 measures.

3.1 Clinical Performance Assessment and GPRA

Performance assessment measures what an organization does and how well it does it. For a healthcare organization, such as the Indian Health Service, this means measuring how well we deliver healthcare services to our population, measured by documentable improvement in various standard health measures. Standardized clinical performance measures provide a systematic approach to health improvement for our organization. Results from performance assessment are used internally within the IHS, at national and local levels, to support and guide performance improvement in those clinical areas that need it. Performance results are also needed externally to demonstrate accountability to an organization's stakeholders; for IHS, this means Congress and the current Administration. Since clinical care is provided in the field, understanding and reporting on clinical performance measures can no longer be solely the concern of IHS Headquarters staff.

3.1.1 What Is GPRA?

Since 1955, the IHS has demonstrated the ability to utilize limited resources to improve the health status of the American Indian and Alaska Native people by focusing on preventive and primary care services. The IHS, like all Federal agencies, is under increasing pressure to demonstrate progress in a measurable way towards its mission and goals. The current Administration is actively promoting agency accountability and is tying agency budgets to performance as one of five key initiatives within the President's Management Agenda (PMA).

The Government Performance and Results Act (GPRA) requires Federal agencies to demonstrate that they are using their funds effectively toward meeting their missions. The law requires agencies to have both a 5-year Strategic Plan in place and to submit Annual Performance Plans describing specifically what the agency intends to accomplish toward those goals with their annual budget. Every year, the agency reports on how the agency measured up against the performance targets set in the Plan.

Appropriately for a healthcare organization, most IHS GPRA measures describe clinical treatment and prevention measures. The performance measures address the most significant health problems facing the American Indian and Alaska Native (AI/AN) population as identified by representatives of the local I/T/U programs as

well as management areas of the President's Management Agenda. For FY 2006, the IHS has 36 GPRA measures in four main categories: Treatment (21), Prevention (12), and Capital Programming/Infrastructure (3).

Performance measures are further characterized by type.

Process Measures	Activities and health services that contribute to reducing mortality and morbidity Examples – construction of clinics, identification of prevalence of disease, patient satisfaction surveys
Impact Measures	Scientific evidenced-based link to improved health outcomes by reducing risk factor of mortality or morbidity Examples – immunizations, dental sealants, safe drinking water, cancer screenings
Outcome Measures	Directly relate to reducing mortality or morbidity relative to a disease or condition that program(s) addresses Examples – reducing prevalence of obesity, diabetic complications, unintentional injury

All GPRA measures are determined annually by the GPRA Coordinating committee, with input from specific subject matter experts in various subject areas. Teleconferences and meetings are held regularly to review, discuss and edit or add performance measures. The Office of Management and Budget (OMB) has requested that IHS reduce process measures and increase outcome measures. Potential (developmental) measures for emerging areas of clinical concern to IHS, such as HIV, are proposed, discussed and refined over several months and may change definition several times before being included as a formal GPRA measure. One of the criteria for adding new measures is that they are measurable; for clinical measures, this means that performance data can be gathered by using RPMS data.

See Appendix A: FY05 – FY07 GPRA Measures for a complete list of FY 2006 GPRA measures. Further information about GPRA performance reporting, including results for FY 2001 through FY 2005 can be found at the following Web site:

<http://www.ihs.gov/NonMedicalPrograms/PlanningEvaluation/pe-gpra.asp>.

3.1.2 Clinical Performance Measures

Most of the 36 IHS GPRA measures are clinical. The majority of the GPRA performance measures have a denominator and a numerator defined. The denominator is the total population being reviewed; the numerator is the number of patients from the denominator who meet the definition of the measure. Some, however, just have a numerator and are just a count, such as Sealants and Topical Fluoride.

The Treatment category includes measures covering: diabetes, cancer, behavioral health, oral health, accreditation, and medications. An example of a treatment measure is Diabetes: Blood Pressure Control. The FY 2006 goal for this measure is to maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2005 level. (Blood pressure control is defined as the mean of at least 2 non-ER blood pressure values less than 130/80). The IHS FY 2004 national rate was 35.0%; the Healthy People 2010 goal is 40% (see section 3.1.3 Comparing Ourselves to National Guidelines).

The Prevention category includes measures covering: public health nursing, immunization, injury prevention, behavioral health, cardiovascular disease, obesity, tobacco use, and HIV. An example of a prevention measure is Adult Immunizations: Influenza. The FY 2006 goal for this measure is to maintain FY 2005 influenza vaccination rates among non-institutionalized adult patients aged 65 years and older. The IHS FY 2004 rate was 54%; the Healthy People 2010 goal is 90%.

Measure example: GPRA Measure Cancer Screening: Pap Smear Rates: During FY 2006, maintain the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous three years at the FY 2005 level.

The denominator is the total population that is being reviewed for a specific measure. For the Pap Smear measure, the denominator is all female patients ages 21 through 64 at the beginning of the Report period. The numerator is the number of patients in the denominator who meet specific criteria. For Pap Smear, the numerator is the number of patients in the denominator who had either a Pap smear, defined by certain codes, documented in RPMS any time in the three years prior to the end of the report period or a refusal of a Pap smear in the past year. (See section 3.2.4 Performance Measure Logic Example for detailed description of performance measure logic.)

In addition to the formal denominator and numerator for a GPRA measure, there may be other denominators and numerators clinically related to the topic. For the Treatment measure cited above, Diabetes: Blood Pressure Control, three separate denominators (patient populations) are examined. The GPRA denominator is Active Diabetic patients. The other two denominators that are reviewed for any Diabetes measure are User Population and Active Adult Diabetic patients. (See the Administrator Manual, section 2.0 for detailed logic definitions of the denominators.) In addition to the GPRA numerator, patients with controlled BP, two related numerators are tracked: 1) patients with documented blood pressure in past year (mean of either two or three non-ER visit blood pressure values); and 2) patients with blood pressure that is not controlled. Reviewing all the denominators and numerators for the Diabetes Blood Pressure Control measure topic gives a site's clinical staff a more comprehensive picture of the status of blood pressure control among diabetic patients.

Because the number of formal GPRA measures for the Indian Health Service is limited by direction from the Office of Management and Budget (OMB), not all

healthcare issues relevant to the American Indian and Alaska Native patient population are defined. Developmental measures that address emerging healthcare issues within the IHS have been defined for the agency. Some of these developmental measures will become formal GPRA measures in future years. For FY06, developmental measures have been defined for CVD-Related Assessment (GPRA in FY07), asthma, Chlamydia screening, chronic kidney disease assessment, and medical nutrition education.

Required performance reporting provides the agency with a rationale and timeline to establish and maintain an ongoing process to identify, measure, and evaluate performance measure results. By establishing a feedback loop of results evaluation and performance measure refinement or redefinition based on evidence-based criteria, we can ensure that IHS clinical measures mirror our key areas of concern for the AI/AN population and contribute to improving health of individuals as well as populations.

3.1.3 Comparing Ourselves to National Guidelines

Appropriately for a healthcare organization, most IHS GPRA measures describe clinical treatment and prevention measures. In order to improve health status, the I/T/U system must be able to make comparisons both within the I/T/U system and the larger medical community. The adoption of comparable health outcome measures that are used by others, such as HEDIS[®] or Healthy People 2010, will help in this endeavor.

Healthy People 2010. HP 2010 presents a comprehensive, nationwide health promotion and disease prevention agenda under the direction of the U.S. Department of Health and Human Services. Through 467 objectives in 28 focus areas, HP 2010 represents the ideas and expertise of individuals and organizations concerned about the Nation's health. Each objective, or measure, was developed with a target to be achieved by the year 2010. HP 2010 objectives have certain attributes, including: important and understandable, prevention oriented, useful and relevant, measurable, and supported by sound scientific evidence. Additional information about Healthy People 2010 can be found at <http://www.healthypeople.gov/>.

The Health Plan Employer Data and Information Set (HEDIS[®]). HEDIS is a set of standardized performance measures, originally designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans. HEDIS did not start out being about prevention, per se, but it has evolved to be a de facto tool for measuring the quality of prevention services provided by a healthcare organization. The performance measures in HEDIS are related to many significant public health issues such as cancer, heart disease, smoking, asthma, and diabetes. HEDIS also includes a standardized survey of consumers' experiences that evaluates plan performance in areas such as customer service, access to care, and claims processing. HEDIS is sponsored, supported, and maintained by the National Committee for Quality Assurance (NCQA), a not-for-profit organization dedicated to improving health care quality everywhere.

Additional information about NCQA and HEDIS can be found at <http://www.ncqa.org/index.htm>.

IHS uses both Healthy People 2010 and HEDIS, in addition to other clinical guidelines, to define clinical performance measures and set levels for performance. CRS provides HP 2010 target information on the report for as many of the measures included in CRS as are available. CRS 2006 (BGP v6.0) includes a specific HEDIS report that can be produced.

3.2 CRS Overview

Collecting and reporting comparable data across all direct IHS, tribal and urban sites (I/T/Us), as well as to the larger healthcare community, is essential to the process of measuring and communicating health status and performance improvement. Improved data collection and quality provide consistent data across all I/T/Us and are critical to providing better patient care, as well as timely and accurate performance measures.

The CRS Clinical Reporting system is a software tool that provides reports for local site and Area use specifically on clinical performance measures that are based on data from the IHS Resource and Patient Management System (RPMS). For FY06, CRS reports on 21 GPRA and 23 developmental/other clinical measure topics. Each measure topic has one or more denominators and numerators defined. The denominator is the total population being reviewed; the numerator is the number of patients from the denominator who meet the logic criteria. Detailed logic for each performance measure is described in the Administrator Manual, section 2.0, Performance Measure Logic.

3.2.1 How Does CRS Work?

CRS produces on demand from local RPMS databases a printed or electronic report for any or all of over 200 GPRA and developmental clinical performance measures, representing 43 clinical topics that are based on RPMS data. Reports display the total numbers (count) in both the denominator (total patient population evaluated) and the numerator (patients who meet the measure criteria) as well as the percentage of total patients in the numerator.

Reports also compare the site's performance numbers in the current report period (user defined) to the previous period and to a user-defined baseline period. The purpose of having three time periods for comparison is always to be able to compare exactly the same logic across time periods. Since the details of performance measure logic may change somewhat each year, it is not accurate to compare a performance measure from CRS FY05 to the same measure from CRS FY06. The three time periods allow truly comparable data.

The National GPRA report provides a summary of the local GPRA measure results compared to national performance and agency goals. Users can also request patient

lists for each of the measures, displaying patients who do or do not meet the measure criteria. In addition, a comprehensive report is available that lists all of the measures each patient did not meet.

A facility also can produce a data file for the National GPRA report for transmission to the Area office where an Area-wide aggregate report can be generated. (See Section 5.0 Reports and Patient Lists for detailed descriptions of the different report types.)

Because GPRA measures can change annually, CRS is updated and released annually to reflect any changes. The current version 6.0 adds FY 2006 performance measures to the existing FY 2005 through FY 2002 clinical performance measures.

The Clinical Reporting System is intended to eliminate the need for manual chart audits for evaluating and reporting the IHS clinical GPRA and developmental measures that are based on RPMS data. To produce reports with comparable data across every facility using CRS, the GPRA measure definition must be *translated* into programming code. This means that an English text expression must be defined specifically in terms of what RPMS fields to look at and what values to look for to fit the definition.

The logic that was provided to the CRS application programmer was developed in conjunction with various clinical subject matter experts for the different types of measures, i.e., the Diabetes Program reviewed and approved the logic for diabetes measures.

CRS has been described as a *scavenger hunt* for data, looking at as many RPMS applications and at as many fields as may be applicable to meet the measure. To ensure comparable data within the agency as well as to external organizations, as much performance measure logic as possible is based on standard national codes. These codes include ICD-9, CPT, LOINC, and national IHS standard codesets (e.g., Health Factors, patient education codes, etc.).

For terminology that is not standardized across each facility, such as lab tests or medications, CRS uses taxonomies that can be populated by each individual facility with its own codes. (See section 4.3 Taxonomy Check and Setup for detailed information about taxonomies.) **NOTE: Facilities that develop and use their own codes for IHS-specific functions such as Health Factors and patient education will find that these entries will not count toward meeting the measure.**

3.2.2 CRS Security Keys

In order for a user to have access to the CRS application, s/he must be assigned the BGPZMENU security key in RPMS. Other security keys that a user may need are listed below.

- **BGPZ PATIENT LISTS:** Enables a user to run lists of patients that contain patient identifiers and medical information.
- **BGPZ SITE PARAMETERS:** Enables a user to edit the site parameters.
- **BGPZ TAXONOMY EDIT:** Enables a user to edit the site-populated lab and medication taxonomies.
- **BGPZAREA:** Provides a user with access to the Area Office menu, where Area Aggregate reports may be run.

3.2.3 CRS Key Denominator Definitions

Each performance measure topic has one or more denominators and numerators defined. The denominator is the total population that is being reviewed for a specific measure.

The Active Clinical population is the denominator definition used for most GPRA measures. This denominator was developed in FY 2003 specifically for clinical measures because it was felt to be more representative of the active clinical population. **In FY 2006, a new CHS-Only site parameter was added that changes the definition of the Active Clinical population to an Active Clinical CHS population because facilities whose patients only receive Contract Health Services do not meet the requirements of the Active Clinical population.**

Prior to FY 2003, the GPRA User Population denominator definition was used. The GPRA User Population definition is similar to the agency IHS User Population definition, but not identical, to the definition used by IHS HQ for annual user population statistics. GPRA “visits” are not required to be workload reportable as defined by IHS HQ. The GPRA User Population is used as a secondary denominator in the local reports, as it represents a broader public health definition of a site’s population.

For national GPRA reporting, only one denominator for each topic is reported. For Selected Measures reports for local use (see section 5.1.2), multiple denominators may be reported to provide a complete picture of clinical performance. Users also have additional options available to them to further refine denominator definitions.

3.2.3.1 Active Clinical Population for National GPRA Reporting

- Patients with the name of “DEMO,PATIENT” will automatically be excluded from the denominator.
- Must have *two* visits to *medical* clinics in the past three years. At least one visit must be to one of the following core medical clinics:

01	General	24	Well Child
06	Diabetic	28	Family Practice
10	GYN	57	EPSDT
12	Immunization	70	Women's Health
13	Internal Medicine	80	Urgent Care
20	Pediatrics	89	Evening

The second visit can be EITHER to one of the core medical clinics listed above OR to one of the following additional medical clinics:

02	Cardiac	37	Neurology
03	Chest And TB	38	Rheumatology
05	Dermatology	49	Nephrology
07	ENT	50	Chronic Disease
08	Family Planning	69	Endocrinology
16	Obstetrics	75	Urology
19	Orthopedic	81	Men's Health Screening
23	Surgical	85	Teen Clinic
25	Other	88	Sports Medicine
26	High Risk	B8	Gastroenterology - Hepatology
27	General Preventive	B9	Oncology - Hematology
31	Hypertension	C3	Colposcopy
32	Postpartum		

- Must be alive on the last day of the Report period.
- Must be American Indian/Alaska Native (AI/AN) (defined as Beneficiary 01). This data item is entered and updated during the patient registration process.
- Must reside in a community included in the site's "official" GPRA community taxonomy, defined as all communities of residence in the CHS catchment area specified in the community taxonomy specified by the user.

3.2.3.2 Active Clinical CHS Population for National GPRA Reporting

- Patients with the name of "DEMO,PATIENT" will automatically be excluded from the denominator.
- Must have 2 CHS visits in the 3 years prior to the end of the Report Period.
- Must be alive on the last day of the Report period.
- Must be American Indian/Alaska Native (AI/AN) (defined as Beneficiary 01). This data item is entered and updated during the patient registration process.

- Must reside in a community included in the site’s “official” GPRA community taxonomy, defined as all communities of residence in the CHS catchment area specified in the community taxonomy specified by the user.

3.2.3.3 GPRA User Population for National GPRA Reporting

- Patients with the name of “DEMO,PATIENT” will automatically be excluded from the denominator.
- Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type.
- Must be alive on the last day of the Report period.
- Must be American Indian/Alaska Native (AI/AN) (defined as Beneficiary 01). This data item is entered and updated during the patient registration process.
- Must reside in a community included in the site’s “official” GPRA community taxonomy, defined as all communities of residence in the CHS catchment area specified in the community taxonomy specified by the user.

3.2.3.4 Active Clinical Population for Local Reports

- Patients with name “DEMO,PATIENT” will automatically be excluded from the denominator.
- Must have *two* visits to *medical* clinics in the past three years. At least one visit must be to one of the following core medical clinics:

01	General	24	Well Child
06	Diabetic	28	Family Practice
10	GYN	57	EPSDT
12	Immunization	70	Women’s Health
13	Internal Medicine	80	Urgent Care
20	Pediatrics	89	Evening

The second visit can be EITHER to one of the core medical clinics listed above OR to one of the following additional medical clinics:

02	Cardiac	37	Neurology
03	Chest And TB	38	Rheumatology
05	Dermatology	49	Nephrology
07	ENT	50	Chronic Disease
08	Family Planning	69	Endocrinology
16	Obstetrics	75	Urology
19	Orthopedic	81	Men's Health Screening
23	Surgical	85	Teen Clinic
25	Other	88	Sports Medicine
26	High Risk	B8	Gastroenterology - Hepatology
27	General Preventive	B9	Oncology - Hematology
31	Hypertension	C3	Colposcopy
32	Postpartum		

- Must be alive on the last day of the Report period.
- User defines population type: AI/AN patients only, non AI/AN or both. This data item is entered and updated during the patient registration process.
- User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

3.2.3.5 Active Clinical CHS Population for Local Reports

- Patients with the name of “DEMO,PATIENT” will automatically be excluded from the denominator.
- Must have 2 CHS visits in the 3 years prior to the end of the Report Period.
- Must be alive on the last day of the Report period.
- User defines population type: AI/AN patients only, non AI/AN or both.
- User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

3.2.3.6 GPRA User Population for Local Reports

- Patients with the name of “DEMO,PATIENT” will automatically be excluded from the denominator.
- Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type.
- Must be alive on the last day of the Report period.
- User defines population type: AI/AN patients only, non AI/AN or both.

- User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

3.2.4 Performance Measure Logic Example

The GPRA measure example used in section 3.1.2 above was Cancer Screening: Pap Smear Rates: During FY 2006, maintain the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous three years at the FY 2005 level.

For CRS, the GPRA measure definition becomes:

- Denominator (total number of patients evaluated): Active Clinical female patients ages 21 through 64, excluding those with documented history of hysterectomy. (The clinical *owner* of the measure has determined based on current medical guidelines that “eligible” women are defined as ages 21-64.)
- Numerator (those from the denominator who meet the criteria for the measure): patients with documented Pap smear in past three years or refusal in past year.

For the programmer, the Pap Smear measure is described in terms of the following logic:

1. Begin with the Active Clinical population definition (see section 3.2.3.1 above).
 - Exclude any patients with the name of “DEMO,PATIENT”.
 - Exclude any patients with a date of death in the Patient Registration file.
 - Exclude any patients who do NOT have value 01 (American Indian/Alaska Native) in the Beneficiary field in Patient Registration file.
 - Exclude any patients whose Community of Residence is not included in the site’s defined GPRA Community Taxonomy for this report.
 - For the remaining patients, search visit files for the three years prior to the selected Report end date. Exclude any patients whose visits do not meet the “2 medical clinics” definition OR for facilities with the CHS-Only site parameter set to “Yes”, exclude any patients who do not have 2 CHS visits in the past 3 years.
2. From these patients, identify the subset that are female and that are ages 21 through 64 on the first day of the Current Report period.
3. Exclude patients with documented hysterectomy by searching the V Procedure file for procedure codes 68.4-68.8 or V CPT for CPT codes 51925,

56308, 58150, 58152, 58200-58294, 58550-54, 58951, 58953-58954, 59135, 59525 any time before the end of the Report period.

4. For these patients (the denominator), check for a Pap smear in the past three years in the following order:
 - V Lab is checked for a lab test called PAP SMEAR and for any site-populated pap smear lab test documented in the BGP GPRA PAP SMEAR taxonomy, OR
 - Purpose of Visit file (V POV) is checked for: a diagnosis of: V76.2-Screen Mal Neop-Cervix, V72.31 Gynecological Examination, Pap Cervical Smear as Part of General GYN exam, V72.32 Gynecological Examination, Pelvic Examination (annual) (periodic), V72.3 Gynecological Examination (old code, to be counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, or V76.49 Pap Smear for Women w/o a Cervix, OR
 - V Procedures is checked for a procedure of 91.46, OR
 - V CPT is checked for the following CPT codes: a) 88141-88167; b) 88174-88175 or HCPCS code Q0091 Screening Pap Smear, OR
 - The Women's Health Tracking package is checked for documentation of a procedure called Pap Smear, OR
 - V Lab is checked for any LOINC code listed in the pre-defined BGP PAP LOINC CODES taxonomy (see the CRS Technical Manual for specific codes), OR
 - Refusals file is checked for Lab Test Pap Smear in the past year.

If a visit with any of the codes above is found, the patient is considered to have met the measure, and the program checks the next patient.

For a detailed description of the logic for each performance measure included in CRS, see the Administrator Manual, section 2.0, Performance Measure Logic.

3.2.5 CRS Report Time Periods

Three time periods are displayed for each measure.

- **Current or Report** period: a time period entered by the user. For a typical National GPRA report, the time period would be July 1 through June 30, which has been defined by the Office of Planning and Evaluation as the "performance year."
- **Previous Year** period: same time period as Report period for the previous year.
- **Baseline** period: same time period as Report period, for any year specified by the user. For a typical National GPRA report, the baseline year is July 1, 1999 through June 30, 2000.

The data for the Report period is compared to the Previous Year and the Baseline periods. The percentage of change between Report and Previous Year and Report and Baseline periods is calculated.

The purpose of having three time periods for comparison is always to be able to compare exactly the same logic across time periods. Since the details of measure logic may change somewhat each year, it is not accurate to compare a performance from CRS FY05 to the same measure from CRS FY06. The three time periods allow truly comparable data.

The 44 performance measure topics included in CRS 2006 (BGP v6.0) are shown in the table in the following section.

3.3 FY06 Clinical Measures Included in CRS

The clinical measures reported by CRS include formal IHS GPRA measures that the agency is currently reporting to Congress, other GPRA-related measure topics, and developmental measure topics that are being evaluated as possible future GPRA measures.

NOTE: CRS only includes clinical performance measures that can be derived from RPMS data.

See the Administrator Manual, section 2.0, Performance Measure Logic, for detailed descriptions of the measure logic, including specific codes and taxonomies used, and formats for each report and patient list.

CRS 2006 (BGP Version 6.0) Performance Measure Topic List and Definitions

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Bold italic type</i> indicates new or edited definitions, GPRA measures shaded)
DIABETES GROUP	
Diabetes Prevalence Diabetes Program/ Dr. Charlton Wilson <i>NATIONAL (included in NTL report; not reported to Congress)</i>	No changes from Version 5.1 Denominator: User Population patients. Numerators: 1) Anyone diagnosed with diabetes (POV 250.00-250.93) ever. 2) Anyone diagnosed with diabetes during the Report Period. Patient List: List of diabetic patients with most recent diagnosis
Diabetes Comprehensive Care Diabetes Program/ Dr. Charlton Wilson	See related Diabetes topics below for identification of changes for this topic. Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Numerators: 1) Patients with hemoglobin A1c documented during the Report Period, regardless of result.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Bold italic type</i> indicates new or edited definitions, GPRA measures shaded)
	<p>2) Patients with Blood Pressure documented during the Report Period.</p> <p>3) Patients with LDL completed during the Report Period, regardless of result.</p> <p>4) Patients with positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result, during the Report Period.</p> <p>5) Patients receiving any retinal screening during the Report Period, or a documented refusal of a diabetic eye exam.</p> <p>6) Patients with A1c AND Blood Pressure AND LDL AND Nephropathy Assessment AND Retinal exam.</p> <p>Definitions: For specific definitions, refer to the following topics below: Diabetes: Poor and Ideal Control; Diabetes: Blood Pressure Control; Diabetes: Dyslipidemia Assessment; Diabetes: Nephropathy Assessment; Diabetic Retinopathy.</p> <p>Patient List: List of diabetic patients with documented tests, if any.</p>
<p>Diabetes: Poor Glycemic Control</p> <p>Diabetes: Ideal Glycemic Control</p> <p>Diabetes Program/ Dr. Charlton Wilson</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p>No changes from Version 5.1</p> <p>Denominators: 1) GPRA: Active Diabetic patients; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Key denominator for this and all diabetes-related topics below.</p> <p>2) All GPRA User Population patients diagnosed with diabetes prior to the Report Period.</p> <p>3) Active Adult Diabetic patients, defined by meeting the following criteria: 1) who are 19 or older at the beginning of the Report Period, 2) whose first ever DM diagnosis occurred prior to the Report Period; 3) who had at least 2 DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and 5) never have had a creatinine value greater than 5.</p> <p>Numerators:</p> <p>1) Hemoglobin A1c documented during the Report Period.</p> <p>2) GPRA: Poor control: A1c greater than (>) 9.5</p> <p>3) Very poor control: A1c equals or greater than (=>) 12</p> <p>4) Poor control: A1c greater than (>) 9.5 or less than (<) 12</p> <p>5) Fair control: A1c equals or greater than (=>) 8 and less than or equal to (<=) 9.5</p> <p>6) Good control: A1c equals or greater than (=>) 7 and less than (<) 8</p> <p>7) GPRA: Ideal control: A1c less than (<) 7</p> <p>8) Undetermined A1c (no result)</p> <p>Definitions:</p> <p>1) A1c: CPT 83036, LOINC taxonomy or site-populated taxonomy DM AUDIT HGB A1C TAX</p> <p>2) Creatinine (for Active Adult Diabetic denominator): CPT 82540, 82565-75; LOINC taxonomy; site-populated taxonomy DM AUDIT CREATININE TAX.</p> <p>GPRA Description - Poor Glycemic Control: During FY 2006, assure that the proportion of patients with diagnosed diabetes that have poor glycemic control (defined as A1c > 9.5) does not increase above the FY 2005 level.</p> <p>GPRA Description - Improved Glycemic Control: During FY 2006, maintain the proportion of patients with diagnosed diabetes that have demonstrated improved glycemic control (defined as A1c < 7) at the FY 2005 level .</p> <p>Patient List: All patients diagnosed with Diabetes, with date and value of A1c, if any.</p>
Diabetes: Blood Pressure	Changes from Version 5.1, as noted below.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Bold italic type</i> indicates new or edited definitions, GPRA measures shaded)
Control Diabetes Program/ Dr. Charlton Wilson <i>NATIONAL (reported to Congress)</i>	Denominators: Three denominators (see Diabetes: Poor Glycemic Control topic above). Numerators: 1) Total with BP value (at least 2 (3 if available) non-ER BPs documented during the Report Period) 2) GPRA: Controlled BP, < 130/80 3) Not controlled BP Definitions: 1) Blood Pressure - CRS uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. <i>If a visit contains more than 1 BP, the lowest BP will be used.</i> The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the criteria for controlled, then the value is considered not controlled. 2) Creatinine (for Active Adult Diabetic denominator): CPT 82540, 82565-75; LOINC taxonomy; site-populated taxonomy DM AUDIT CREATININE TAX. GPRA Description: During FY 2006, maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2005 level. Patient List: All patients diagnosed with Diabetes, with mean BP value if any.
Diabetes: Lipids Assessment Diabetes Program/ Dr. Charlton Wilson <i>NATIONAL (reported to Congress)</i>	No changes from Version 5.1 Denominators: Three denominators (see Diabetes: Poor Glycemic Control topic above). Numerators: 1) Documented Lipid Profile OR LDL, HDL and TG (all three), regardless of result 2) GPRA: Patients with LDL completed during the Report Period, regardless of result 3) LDL < 130; 3A) LDL <= 100; 3B) LDL 101-129 Definitions: 1) Lipid Profile: CPT 80061; LOINC taxonomy; site-populated taxonomy DM AUDIT LIPID PROFILE TAX. 2) LDL: CPT 83721; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX 3) HDL: CPT 83718; LOINC taxonomy; site-populated taxonomy DM AUDIT HDL TAX 4) Triglyceride (TG): CPT 84478; LOINC taxonomy; site-populated taxonomy DM AUDIT TRIGLYCERIDE TAX 5) Creatinine (for Active Adult Diabetic denominator): CPT 82540, 82565-75; LOINC taxonomy; site-populated taxonomy DM AUDIT CREATININE TAX GPRA Description: During FY 2006, <i>increase the proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol) over the FY 2005 level.</i> Patient List: All patients diagnosed with Diabetes, with date of tests and LDL value, if any.
Diabetes: Nephropathy Assessment Diabetes Program/ Dr. Charlton Wilson <i>NATIONAL (reported to Congress)</i>	Changes from Version 5.1, as noted below. Denominators: Three denominators (see Diabetes: Poor Glycemic Control topic above). Numerators: 1) GPRA: Patients with positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result, during the Report Period. 2) Patients with Estimated GFR with result during the Report Period. 3) Patients who have had 1) positive urine protein test or if urine protein was negative, then microalbuminuria test, regardless of result AND 2) an Estimated GFR with result

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Bold italic type</i> indicates new or edited definitions, GPRA measures shaded)
	<p>during the Report Period.</p> <p>Definitions: 1) Urine Protein: LOINC taxonomy; site-populated taxonomy DM AUDIT URINE PROTEIN TAX. Positive value for urine protein is defined as: 1) First character of result is "P", "p", "<i>M</i>", "<i>m</i>", "<i>L</i>", "<i>I</i>", "<i>S</i>", or "<i>s</i>"; 2) Contains a + sign; 3) Contains a > symbol; 4) numeric value (if the result is a number) is > (greater than) 29.</p> <p>2) Microalbuminuria: CPT codes 82043, 82044; LOINC taxonomy; site-populated taxonomy DM AUDIT MICROALBUMUNURIA TAX <i>or DM AUDIT A/C RATIO taxonomy.</i></p> <p>3) Estimated GFR: Taxonomy BGP ESTIMATED GFR TAX, LOINC 33914-3</p> <p>4) Creatinine (for Active Adult Diabetic denominator): CPT 82540, 82565-75; LOINC taxonomy; site-populated taxonomy DM AUDIT CREATININE TAX.</p> <p>GPRA Description: During FY 2006, maintain the proportion of patients with diagnosed diabetes assessed for nephropathy at the FY 2005 level.</p> <p>Patient List: All patients diagnosed with Diabetes, with date of tests and value, if any.</p>
<p>Diabetic Retinopathy</p> <p>Diabetes Program/ Dr. Mark Horton</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Except for removal of CPT 92250, all other changes shown below are only to text and there are no other programming logic changes.</i></p> <p>Denominators: Three denominators (see Diabetes: Poor Glycemic Control topic above).</p> <p>Numerator: GPRA: Patients receiving a qualified retinal evaluation during the Report Period, or a documented refusal of a diabetic retinal exam.</p> <p>Definitions:</p> <p>1) Qualified retinal evaluation* is defined as: (A) diabetic retinal exam or documented refusal or (B) other eye exam.</p> <p>Diabetic retinal exam defined as: Clinic Code A2 Diabetic Retinopathy or Exam Code 03 Diabetic Eye Exam.</p> <p>Other Eye Exam defined as: (1) Non-DNKA (did not keep appointment) visits to ophthalmology, optometry or <i>qualifying*</i> tele-ophthalmology retinal evaluation clinics (<i>i.e. JVN, Inoveon, EyeTel</i>) or (2) non-DNKA visits to an optometrist or ophthalmologist. Searches for the following codes in the following order: Clinic Codes 17, 18, 64; Provider Code 24, 79, 08; CPT 92002, 92004, 92012, 92014, 92015 (<i>removed 92250</i>).</p> <p>*Qualified retinal evaluation: The following methods are qualified for this measure:</p> <ul style="list-style-type: none"> - Dilated retinal examination by an optometrist or ophthalmologist - 7 standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or ophthalmologist - Any photographic method validated to ETDRS, <i>i.e. JVN, Inoveon, EyeTel</i> <p>2) Refusal of Diabetic Eye Exam: Exam Code 03</p> <p>3) Creatinine (for Active Adult Diabetic denominator): CPT 82540, 82565-75; LOINC taxonomy; site-populated taxonomy DM AUDIT CREATININE TAX.</p> <p>GPRA Description: During FY 2006, maintain the proportion of patients with diagnosed diabetes who receive an annual retinal examination at designated sites at the FY 2005 level <i>and establish the baseline of patients with diagnosed diabetes who receive an annual retinal examination at all sites.</i></p> <p>Patient List: All patients diagnosed with Diabetes, with date of screening and code, if any.</p>
Oral Health – Diabetic	<i>Changed to non-GPRA measure and removed from National GPRA report.</i>

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Bold italic type</i> indicates new or edited definitions, GPRA measures shaded)
Access to Dental Services Dental Program/ Dr. Patrick Blahut <i>NATIONAL (reported to Congress)</i>	Denominator: Active Diabetic patients (see Diabetes Comprehensive Care above for definition). Numerators: Patients with a documented dental visit during the Report Period, including refusals. A) Patients with documented refusal during the Report Period. Definitions: 1) Dental Visit: For non-CHS visits, searches for V Dental ADA Code 0000 or 0190 or Exam Code 30. For CHS visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file. 2) Refusal of Dental Exam: For non-CHS visits, searches for Exam Code 30 Patient List: All diabetic patients with date of dental visit or refusal and code, if any.
DENTAL GROUP	
Oral Health – Access to Dental Services Dental Program/ Dr. Patrick Blahut <i>NATIONAL (reported to Congress)</i>	No changes from Version 5.1 Denominator: GPRA: GPRA User Population patients. Numerators: GPRA: Patients with documented dental visit during the Report Period, including refusals. A) Patients with documented refusal. Definitions: 1) Dental Visit: For non-CHS visits, searches for V Dental ADA Code 0000 or 0190, Exam Code 30. For CHS visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file. 2) Refusal of Dental Exam: For non-CHS visits, searches for Exam Code 30 GPRA Description: During FY 2006, maintain the proportion of patients that obtain access to dental services at the FY 2005 level. Patient List: Patients with documented dental visit or refusal, with date and code.
Oral Health – Dental Sealants Dental Program/ Dr. Patrick Blahut <i>NATIONAL (reported to Congress)</i>	No changes from Version 5.1 GPRA Numerator: Count only (no percentage comparison to denominator). Total number of dental sealants during the Report Period. Age breakouts (HP 2010): <12; 12-18; >18. Definitions: Dental Sealant: ADA Code 1351 GPRA Description: During FY 2006, maintain the number of sealants placed per year in American Indian and Alaska Native patients at the FY 2005 level. Patient List: Patients who had sealants and the number of sealants received.
Oral Health – Topical Fluoride Dental Program/Dr. Patrick Blahut <i>NATIONAL (reported to Congress)</i>	Changes from Version 5.1, as noted below. Numerators: 1) Count only (no percentage comparison to denominator). The total number of appropriate topical fluoride applications based on a maximum of four per patient per year. (<i>Changed to non-GPRA measure</i>) 2) GPRA: Count only (no percentage comparison to denominator). The total number of patients with at least one topical fluoride treatment during the Report Period. Definitions: 1) Topical Fluoride Application: V Dental ADA codes 1201, 1203, 1204, 1205; or V POV V07.31. A maximum of one application per patient per visit is allowed. A maximum of four topical fluoride applications are allowed per patient per year for the applications measure. GPRA Description: During FY 2006, maintain the number of American Indian and

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Bold italic type</i> indicates new or edited definitions, GPRA measures shaded)
	Alaska Native patients receiving at least one topical fluoride application at the FY 2005 level. Patient List: Patients who received at least one topical fluoride application during Report Period.

IMMUNIZATION GROUP	
Adult Immunizations: Influenza Epidemiology Program/ Amy Groom, MPH <i>NATIONAL (reported to Congress)</i>	No changes from Version 5.1 Denominators: 1) Active Clinical patients ages 50 or older. A) Ages 50-64. B) GPRA: Ages 65 and older. 2) Active Diabetic patients (see Diabetes Comprehensive Care above for definition). Numerators: 1) GPRA: Patients with influenza vaccine documented during the Report Period or with documented refusal. 2) Documented patient refusals (REF) or not medically indicated (NMI). Definitions: 1) Influenza Vaccine: Immunization/CVX codes 15, 16, 88, or 111; POV V04.8, V04.81, V06.6; CPT 90655, 90656, 90657-90660, 90724; ICD Procedure 99.52 2) Refusal of Influenza Vaccine: Immunization/CVX codes: 15, 16, 88, or 111 GPRA Description: In FY 2006, maintain FY 2005 influenza vaccination rates among non-institutionalized adults aged 65 years and older. Patient List: Patients ages 50 or older OR with diabetes diagnosis, with date of vaccine and code, if any.
Adult Immunizations: Pneumovax Epidemiology Program/ Amy Groom, MPH <i>NATIONAL (reported to Congress)</i>	No changes from Version 5.1 Denominators: 1) GPRA: Active Clinical patients ages 65 or older. 2) Active Diabetic patients (see Diabetes Comprehensive Care above for definition). Numerators: GPRA: Patients with Pneumococcal vaccine documented at any time before the end of the Report Period, including refusals in past year. A) For Active Diabetics denominator only. Patients with pneumovax documented in past five years or who have refused a pneumovax vaccine in the past year. B) Documented patient refusals (REF) or not medically indicated (NMI). Definitions: 1) Pneumovax Vaccine: Immunization/CVX codes 33, 100, 109; POV V06.6, V03.82, V03.89; ICD Procedure 99.55; CPT 90732, 90669 2) Refusal of Pneumovax Vaccine: Immunization/CVX codes 33, 100, 109 GPRA Description: In FY 2006, <i>increase the rate for pneumococcal vaccination levels among adult patients age 65 years and older to 72%.</i> Patient List: Patients 65 or older OR with diabetes diagnosis, with date and code of vaccine, if any.
Childhood Immunizations Epidemiology Program/ Amy Groom, MPH <i>NATIONAL (reported to Congress)</i>	Changes from Version 5.1, as noted below. Denominators: 1) GPRA: Active Clinical patients ages 19-35 months at end of Report Period 2) Patients active in the Immunization Package who are 19-35 months at end of Report period. NOTE: Sites must be running the RPMS Immunization package for this denominator. Sites not running the package will have a value of zero for this denominator. Numerators: 1) GPRA: Patients who have received the 4:3:1:3:3 combination (i.e. 4

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Bold italic type</i> indicates new or edited definitions, GPRA measures shaded)
	<p>DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), including refusals, contraindications, and evidence of disease.</p> <p>2) Patients with 4 doses of DTaP, or who have evidence of the disease, a contraindication, or a documented refusal.</p> <p>3) Patients with 3 doses of Polio, or who have evidence of the disease, a contraindication, or a documented refusal.</p> <p>4) Patients with 1 dose of MMR, or who have evidence of the disease, a contraindication, or a documented refusal.</p> <p>5) Patients with 3 doses of HiB, or who have evidence of the disease, a contraindication, or a documented refusal.</p> <p>6) Patients with 3 doses of Hepatitis B, or who have evidence of the disease, a contraindication, or a documented refusal.</p> <p>7) Patients with 1 dose of Varicella, or who have evidence of the disease, a contraindication, or a documented refusal.</p> <p>Also included for numerators 1-7 are sub-numerators:</p> <p>A) Patients with a documented refusal.</p> <p>B) Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented not medically indicated (NMI) refusal.</p> <p>8) Patients who have received all of their childhood immunizations (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella, including refusals, contraindications, and evidence of disease).</p> <p>9) DELETED: Patients who have received the 4:3:1 combination (i.e. 4 DTaP, 3 Polio, 1 MMR), including refusals, contraindications, and evidence of disease.</p> <p>10) Immunization Program Numerator: Patients who have received all of their childhood immunizations, defined as 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella (i.e., 4:3:1:3:3:1) NOT including refusals, contraindications, and patients with evidence of disease.</p> <p>11) DELETED: Immunization Program Numerator: Patients who have received the 4:3:1 combination (i.e. 4 DTaP, 3 Polio, 1 MMR) NOT including refusals, contraindications, and patients with evidence of disease.</p> <p>12) Immunization Program Numerator: Patients who have received the 4:3:1:3:3 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), NOT including refusals, contraindications, and patients with evidence of disease.</p> <p>Definitions: Active <i>Immunization Package Patients denominator: Same as Active Clinical definition EXCEPT includes only patients flagged as active in the Immunization Package and does not require patients to have two visits to specified medical clinics in the past 3 years.</i></p> <p>Added Tdap (CVX 115 or CPT 90715 or refusal of CVX 115) to definition for DTaP. Detailed descriptions of all codes for these immunizations are listed in the CRS 2005 User Manual, due to length.</p> <p>GPRA Description: During FY 2006, maintain baseline rates for recommended immunizations for AI/AN children 19-35 months compared to FY 2005.</p> <p>Patient List: Patients 19-35 months with IZ, if any. If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP.</p>
CANCER SCREENING GROUP	

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Bold italic type</i> indicates new or edited definitions, GPRA measures shaded)
Cancer Screening: Pap Smear Rates Epidemiology Program/ Dr. Nathaniel Cobb <i>NATIONAL (reported to Congress)</i>	<p>No changes from Version 5.1</p> <p>Denominator: GPRA: Female Active Clinical patients ages 21 through 64 without a documented history of hysterectomy.</p> <p>Numerators: GPRA: Patients with documented pap smear in past three years or refusal in past year.</p> <p>A) Patients with documented refusal in past year.</p> <p>Definitions: 1) Hysterectomy: V Procedure: 68.4-68.8; CPT 51925, 56308, 58150, 58152, 58200-58294, 58550-54, 58951, 58953-58954, 59135, 59525.</p> <p>2) Pap Smear: A) V Lab: PAP SMEAR; B) POV: V76.2, V72.31 Gynecological Examination, Pap Cervical Smear as Part of General GYN exam, V72.32 Gynecological Examination, Pelvic Examination (annual) (periodic), V72.3 Gynecological Examination (old code, to be counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, V76.49 Pap Smear for Women w/o a Cervix; C) V Procedure: 91.46; D) V CPT: 88141-88167, 88174-88175, Q0091 Screening Pap Smear; E) Women's Health: Procedure called Pap Smear; F) LOINC taxonomy; G) Site-populated taxonomy BGP GPRA PAP SMEAR; H) Refusal Lab Test Pap Smear</p> <p>GPRA Description: During FY 2006, maintain the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous three years at the FY 2005 level.</p> <p>Patient List: All patients in the denominator, with date and code of test, if any.</p>
Cancer Screening: Mammogram Rates Epidemiology Program/ Dr. Nathaniel Cobb <i>NATIONAL (reported to Congress)</i>	<p>No changes from Version 5.1</p> <p>Denominator: GPRA: Female Active Clinical patients ages 52 through 64, without a documented bilateral mastectomy or two separate unilateral mastectomies.</p> <p>Numerators: GPRA: Patients with documented mammogram in past two years or refusal in past year.</p> <p>A) Patients with documented refusal in past year.</p> <p>Definitions: 1) Bilateral Mastectomy: V CPT: 19180.50 or 19180 w/modifier 09950 (modifier codes .50 and 09950 indicate bilateral); 19200.50 or 19200 w/modifier 09950; 19220.50 or 19220 w/modifier 09950; 19240.50 or 19240 w/modifier 09950; ICD Operation codes: 85.42; 85.44; 85.46; 85.48</p> <p>2) Unilateral Mastectomy: Requires two separate occurrences for either CPT or procedure codes on 2 different dates of service. V CPT: 19180, 19200, 19220, 19240; V Procedures: 85.41, 85.43, 85.45, 85.47</p> <p>3) Mammogram: A) V Radiology or V CPT: 76090, 76091, 76092, G0206 (Diagnostic Mammography, Unilateral), G0204 (Diagnostic Mammography, Bilateral), G0202 (Screening Mammography, Bilateral); B) POV: V76.11, V76.12; C) V Procedures: 87.36, 87.37 (removed 87.35); D) Women's Health: Screening Mammogram, Mammogram Dx Bilat, Mammogram Dx Unilat</p> <p>4) Refusal Mammogram: V Radiology MAMMOGRAM for CPT 76090, 76091, 76092, G0206, G0204, G0202.</p> <p>GPRA Description: During FY 2006, maintain the proportion of female patients ages 50 through 64 who have had mammography screening within the last 2 years at the FY 2005 level.</p> <p>Patient List: Patients in the denominator, with date and code of procedure, if any.</p>
Colorectal Cancer Screening Epidemiology Program/ Dr.	<p><i>Changes from Version 5.1, as noted below.</i></p> <p>Denominator: GPRA: Active Clinical patients ages 51-80 without a documented history of colorectal cancer, broken out by gender.</p>

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Bold italic type</i> indicates new or edited definitions, GPRA measures shaded)
<p>Nathaniel Cobb</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p>Numerators: 1) GPRA: Patients who have had colorectal screening or a documented refusal, defined as any of the following: a Fecal Occult Blood test (FOBT) in the past two years; flexible sigmoidoscopy or double contrast barium enema in the past five years; or colonoscopy in the past 10 years.</p> <p>A) Patients with documented refusal in the past year.</p> <p>B) Patients with Fecal Occult Blood test in the past two years.</p> <p>2) Patients with Rectal Exam in past two years.</p> <p>Definitions: 1) Colorectal Cancer: POV: 153.*, 154.0, 154.1, 197.5, V10.05.</p> <p>2) Fecal Occult Blood lab test (FOBT): CPT 82270, 82274, G0107, 89205 (old); LOINC taxonomy, or site-populated taxonomy BGP GPRA FOB TESTS</p> <p>3) Rectal Exam: V76.41; V Procedure 48.24-29, 89.34; V Exam 14 or refusal in past year for Exam 14.</p> <p>4) Flexible Sigmoidoscopy: V Procedure 45.24, 45.42, 45.42; CPT 45330-45345, G0104</p> <p>5) Double Contrast Barium Enema: CPT or VRad: 74270-74280, G0106, G0120</p> <p>6) Colonoscopy: V Procedure 45.22, 45.23, 45.25, V POV 76.51; CPT 44388-44394, 44397, 45355, 45378-45387 (added 45386), 45325 (old), G0105, G0121</p> <p>7) Screening Refusals: A. FOBT: V Lab Fecal Occult Blood test, V Radiology CPT 82270, 82274, G0107, 89205; B. Flexible Sigmoidoscopy: V Radiology CPT 45330-45345, G0104; C. Double contrast barium enema: V Radiology CPT: 74270-74280, G0106, G0120; D. Colonoscopy: V Radiology CPT 44388-44394, 44397, 45355, 45378-45387, 45325 (old), G0105, G0121.</p> <p>GPRA Description: During FY 2006, establish baseline rate of colorectal screening for clinically appropriate patients ages 50 and older.</p> <p>Patient List: Patients ages 51-80, with date and code of any related test or procedure, if any.</p>
<p>Tobacco Use Assessment</p> <p>Mary Wachacha/ Epidemiology Program, Dr. Nat Cobb</p> <p><i>NATIONAL (included in NTL report; not reported to Congress)</i></p>	<p><i>Changes from Version 5.1, as noted below.</i></p> <p>Denominators: 1) Active Clinical patients ages 5 and older, broken down by gender and age groups: 5-13, 14-17, 18-24, 25-44, 45-64, 65 and older (HP 2010). (Changed to non-GPRA denominator)</p> <p>2) Pregnant female patients with no documented miscarriage or abortion during the past 20 months.</p> <p>Numerators: 1) Patients screened for tobacco use during the Report Period (during the past 20 months for pregnant female patients denominator). (Changed to non-GPRA numerator)</p> <p>2) Patients identified during the Report Period (during the past 20 months for pregnant female patients denominator) as current tobacco users.</p> <p>A) Current smokers.</p> <p>B) Current smokeless tobacco users</p> <p>3) Patients exposed to environmental tobacco smoke (ETS) during the Report Period (during the past 20 months for pregnant female patients denominator).</p> <p>Definitions: 1) Pregnancy: At least 2 visits with POV: V22.0-V23.9, 640.*-648.*, 651.*-676.* during the past 20 months, with one diagnosis occurring during the reporting period.</p> <p>2) Miscarriage: Occurring after the second pregnancy POV. POV: 630, 631, 632, 633*, 634*, CPT: 59812, 59820, 59821, 59830</p> <p>3) Abortion: Occurring after the second pregnancy POV. POV: 635*, 636*, 637*,</p>

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Bold italic type</i> indicates new or edited definitions, GPRA measures shaded)
	<p>CPT: 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857</p> <p>4) Tobacco Screening: A) Any Health Factor for category Tobacco. B) POV or Current PCC Problem List 305.1, V15.82 (tobacco-related diagnosis). C) Dental code 1320. D) Patient Education codes containing "TO-", "-TO", or "-SHS".</p> <p>5) Tobacco Users: A) Health Factors: Current Smoker, Current Smokeless, Current Smoker and Smokeless. B) POV 305.1 or V15.82. C) Dental 1320</p> <p>6) Current Smokers: A) Health Factors: Current Smoker, Current Smoker and Smokeless. B) 305.1 or V15.82. C) Dental code 1320</p> <p>7) Current Smokeless: A) Health Factors: Current Smokeless, Current Smoker and Smokeless</p> <p>8) Environmental Tobacco Smoke (ETS): Health Factors: Smoker in Home, Exposure to Environmental Tobacco Smoke</p> <p>Patient List: Patients with no screening identified.</p>
<p>Tobacco Cessation</p> <p>Mary Wachacha/ Epidemiology Program, Dr. Nat Cobb</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 5.1, as noted below.</i></p> <p>Denominator: GPRA: Active Clinical patients identified as current tobacco users prior to the Report Period, <i>broken down by gender and age groups: <12, 12-17, 18 and older.</i></p> <p>Numerators: 1) GPRA: Patients who have received tobacco cessation counseling during the Report Period, <i>including documented refusal in past year.</i></p> <p>2) <i>Deleted: Patients counseled during the Report Period on smoking cessation medications.</i></p> <p>2) Patients identified during the Report Period as having quit tobacco use.</p> <p>Definitions:</p> <p>1) Current Tobacco Users: A) Health Factors: Current Smoker, Current Smokeless, Current Smoker and Smokeless, <i>Cessation-Smoker, Cessation-Smokeless, Cessation-Smoker and Smokeless;</i> B) Tobacco-related Diagnoses (POV or active Problem List): 305.1, <i>305.10-305.12 (old codes)</i>, or V15.82. C) Dental code 1320</p> <p>2) Tobacco Cessation Counseling: Patient Education codes containing "<i>TO-</i>", "<i>-TO</i>", or "<i>-SHS</i>" (<i>changed from "TO-Q", "TO-LA"</i>); Clinic Code 94, or Dental Code 1320 <i>or documented refusal of patient education codes containing "TO-", "-TO", or "-SHS" during Report Period.</i></p> <p>3) Quit Smoking: POV or Current Active Problem List 305.13, Health Factors Previous Smoker, Previous Smokeless (<i>deleted Cessation-Smoker, Cessation-Smokeless, which are now used to identify Current Tobacco Users since they represent patients trying to quit but who have not quit for >12 months</i>).</p> <p>GPRA Description: <i>During FY 2006, establish the proportion of tobacco using patients that receive tobacco cessation intervention.</i></p> <p>Patient List: Patients with counseling, if any.</p>
<p>BEHAVIORAL HEALTH GROUP</p>	
<p>Alcohol Screening (Fetal Alcohol Syndrome (FAS) Prevention)</p> <p>Wilbur Woodis</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 5.1, as noted below.</i></p> <p>Denominator: GPRA: Female Active Clinical patients ages 15 to 44 (child-bearing age).</p> <p>Numerators: GPRA: Patients screened for alcohol use, who have alcohol-related diagnoses, or who have received alcohol-related education or counseling during the Report Period, <i>including refusals in the past year.</i></p> <p>A) Patients with <i>exam code</i>, Alcohol health factor or screening diagnosis.</p>

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<p><i>Congress</i>)</p>	<p>B) Patients with alcohol-related diagnoses. C) Patients with alcohol-related patient education or counseling. <i>D) Patients with documented refusal in past year.</i></p> <p>Definitions: 1) Alcohol Screening: <i>PCC Exam code 35</i>; Any Alcohol Health Factor; Other Screening: V11.3; V79.1, or BHS problem code 29.1 2) Alcohol-related Diagnoses: POV, Current PCC or BHS Problem List: 303.*, 305.0*; 291.*; 357.5*; BHS POV 10, 27, 29 3) Alcohol Education: All Patient Education codes containing “AOD-” or “-AOD” or old codes containing “CD-” or “-CD”</p> <p>GPRA Description: During FY 2006, <i>increase the screening rate for alcohol use in female patients ages 15 to 44.</i></p> <p>Patient List: Women <u>not</u> screened.</p>
<p>Intimate Partner (Domestic) Violence Screening</p> <p>Dr. Theresa Cullen/ Denise Grenier, LCSW</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 5.1, as noted below.</i></p> <p>Denominators: Female Active Clinical patients ages 13 and older at beginning of Report Period.</p> <p>A) GPRA: Female Active Clinical patients ages 15-40.</p> <p>Numerators: GPRA: Patients screened for or diagnosed with intimate partner (domestic) violence during the Report Period, including documented refusals in past year.</p> <p>A) Patients with documented IPV/DV exam. B) Patients with IPV/DV related diagnoses. C) Patients provided with IPV/DV patient education or counseling. D) Patients with documented refusal in past year of an IPV/DV exam or IPV/DV-related education.</p> <p>Definitions: 1) IPV/DV Screening: PCC Exam Code 34 or BHS IPV/DV exam 2) IPV/DV Related Diagnoses: POV, Current PCC or BHS Problem List 995.80-83, 995.85, V15.41, V15.42, V15.49; BHS POV 43.*, 44.* 3) IPV/DV Patient Education: Patient Education codes containing “DV-” or “-DV” 4) IPV/DV Counseling: POV V61.11 5) Refusals: A) <u>Any</u> PCC refusal in past year with Exam Code 34 or BHS refusal in past year of IPV/DV exam; B) <u>Any</u> refusal in past year with Patient Education codes containing “DV-” or “-DV”.</p> <p>GPRA Description: During FY 2006, <i>increase the screening rate for domestic violence in female patients ages 15 through 40.</i></p> <p>Patient List: Women <u>not</u> screened and without documented refusal.</p>
<p>Depression Screening (renamed from Depression/ Anxiety Screening)</p> <p>Denise Grenier, LCSW/ Dr. David Sprenger</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 5.1, as noted below.</i></p> <p>Denominators: 1) GPRA: Active Clinical patients ages 18 and older (changed from 40 and older), broken down by gender. 2) Active Diabetes patients, defined as: all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever. 3) All patients diagnosed with ischemic heart disease prior to the Report Period and with at least two CVD-related visits during the Report Period.</p> <p>Numerators: GPRA: Patients screened for depression (removed counseling for depression) or diagnosed with mood disorder (removed diagnoses for anxiety and</p>

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	<p><i>adjustment disorders</i>) at any time during the Report Period, including documented refusals in past year.</p> <p>A) Patients screened for depression during the Report Period.</p> <p>B) Patients with a diagnosis of <i>a mood disorder during the Report Period (removed anxiety and adjustment diagnoses).</i></p> <p>C) <i>Patients with documented refusal in past year.</i></p> <p>Definitions: 1) Diabetes: POV 250.00-250.93</p> <p>2) Ischemic Heart Disease: POV 410.0-412.*, 414.0-414.9, 428.*, 429.2.</p> <p>3) Depression Screening: <i>Exam Code 36</i>, POV V79.0, or BHS problem code 14.1 (screening for depression) <i>(removed all patient education codes for counseling).</i></p> <p>4) <i>Mood Disorders: At least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15.</i></p> <p>5) <i>Refusal: Any PCC refusal in past year with Exam Code 36.</i></p> <p>GPRA Description: <i>During FY 2006, establish a baseline rate of annual screening for depression in adults ages 18 and over.</i></p> <p>Patient List: List of patients not screened for depression/<i>diagnosed with mood disorder.</i></p>
<p>Antidepressant Medication Management</p> <p>Denise Grenier, LCSW/ Dr. David Sprenger</p>	<p><i>New measure for Version 6.0</i></p> <p>Denominator: As of the 120th day of the Report period, Active Clinical patients 18 years and older who were diagnosed with a new episode of depression and treated with antidepressant medication in the past year.</p> <p>Numerators: 1) <u>Optimal Practitioner Contacts:</u> Patients with at least three mental health visits with a non-mental health or mental health provider within 12 weeks (84 days) after diagnosis, two of which must be face-to-face visits and one of which must be with a prescribing provider.</p> <p>2) <u>Effective Acute Phase Treatment:</u> Patients who filled a sufficient number of separate prescriptions/refills of antidepressant medication for continuous treatment of at least 84 days (12 weeks).</p> <p>3) <u>Effective Continuation Phase Treatment:</u> Patients who filled a sufficient number of separate prescriptions/refills of antidepressant medication treatment to provide continuous treatment for at least 180 days (6 months).</p> <p>Definitions: 1) Major Depression: POV 296.2*, 296.3*, 298.0, 300.4, 309.1, 311.</p> <p>2) Antidepressant Medications: Medication taxonomy BGP ANTIDEPRESSANT MEDS. (Medications are: Tricyclic antidepressants (TCA) and other cyclic antidepressants, Selective serotonin reuptake inhibitors (SSRI), Monoamine oxidase inhibitors (MAOI), Serotonin-norepinephrine reuptake inhibitors (SNRI), and other antidepressants.)</p> <p>3) Index Episode Start Date: The date of the patient's earliest visit during this period. For inpatient visits, the discharge date will be used.</p> <p><u>To be included in the denominator, patient must meet BOTH of the following conditions:</u></p> <p>1) One of the following from the 121st day of the year prior to the Report period to the 120th day of the Report period: 1) one visit in any setting with major depression DX (see list of codes below) as primary POV, 2) two outpatient visits occurring on different</p>

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	<p>dates of service with secondary POV of major depression, or 3) an inpatient visit with secondary POV of major depression.</p> <p>For example, if Report period is July 1, 2005 - June 30, 2006, patient must have one of the three scenarios above during 11/1/2004 - 10/29/2005.</p> <p>2) Filled a prescription for an antidepressant medication (see list of medications below) within 30 days before the Index Episode Start Date or 14 days on or after that date. In V Medication, Date Discontinued must not be equal to the prescription (i.e. visit) date. The Index Prescription Date is the date of earliest prescription for antidepressant medication filled during that time period.</p> <p><u>Denominator Exclusions:</u></p> <p>1) Patients who have had any diagnosis of depression within the previous 120 days (4 months) of the Index Episode Start Date. The POVs to be checked for prior depressive episodes is more comprehensive and include the following: POV 296.2*-296.9*, 298.0, 300.4, 309.0, 309.1, 309.28, 311, or</p> <p>2) Patients who had a new or refill prescription for antidepressant medication (see list of medications below) within 90 days (3 months) prior to the Index Prescription Date are excluded as they do not represent new treatment episodes, or</p> <p>3) Patients who had an acute mental health or substance abuse inpatient stay during the 245 days after the Index Episode Start Date treatment period. Acute mental health stays are defined as Service Category of H and primary POV 290*, 293*-302*, 306*-316*. Substance abuse inpatient stays are defined as Service Category of H and primary POV 291*-292*, 303*-305* or primary POV 960*-979* AND secondary POV of 291*-292*, 303*-305*.</p> <p><u>Optimal Practitioner Contacts numerator, patient must have one of the following:</u></p> <p>1) Three face-to-face follow-up outpatient, non-ER visits (clinic code not equal to 30) or intermediate treatment with either a non-mental health or mental health provider within 84 days after the Index Episode Start Date, or</p> <p>2) Two face-to-face outpatient, non-ER visits (clinic code not equal to 30) and one telephone visit (Service Category T) with either a non-mental health or mental health provider within 84 days after the Index Episode Start Date. For either option, one of the visits must be to a prescribing provider, defined as provider codes 00, 08, 11, 16-18, 21, 24-25, 30, 33, 41, 44-45, 47, 49, 64, 67-68, 70-83, 85-86, A1, A9, or B1-B6. NOTE: If patient was diagnosed with two secondary diagnoses of depression, the second visit may be counted toward the numerator.</p> <p>Outpatient mental health provider visits are defined as BHS or PCC visit with primary provider code of 06, 12, 19, 48, 49, 50, 62, 63, 81, or 92-96, AND</p> <p>1. A) Service category A, S, or O, and B1) CPT 90801, 90802, 90804-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90871, 90875, 90876, 99384-99387, 99394-99397, 99401-99404 or B2) POV 290*, 293*-302*, 306*-316*, OR</p> <p>2. A) Service category of A, S, or O and B1) Location of Encounter = Home (as designated in Site Parameters) or B2) clinic code = 11, OR</p> <p>3. Service category of T.</p> <p>Outpatient <u>non</u>-mental health provider visits are defined as BHS or PCC visits with:</p> <p>1. A) Service category A, S, or O, and B) CPT 90801, 90802, 90804-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90871, 90875, 90876, OR</p> <p>2. A1) Service category A, S, O, or T or A2) Location of Encounter = Home (as</p>

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	<p>designated in Site Parameters) or A3) clinic code 11 and B) POV 290*, 293*-302*, 306*-316*, OR</p> <p>3. A) Service category A, S, or O, and B) CPT 99384-99387, 99394-99397, 99401-99404 and C) POV 290*, 293*-302*, 306*-316*.</p> <p>Effective Acute Phase Treatment numerator: For all antidepressant medication prescriptions filled (see list of medications below) within 114 days of the Index Prescription Date, from V Medication CRS counts the days prescribed (i.e. treatment days) from the Index Prescription Date until a total of 84 treatment days has been established. If the patient had a total gap exceeding 30 days or if the patient does not have 84 treatment days within the 114 day timeframe, the patient is not included in the numerator.</p> <p>NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2004, Discontinued Date=11/19/2004, Recalculated # Days Prescribed=4.</p> <p>Example of Patient Included in Numerator:</p> <ul style="list-style-type: none"> - 1st RX is Index Rx Date: 11/1/2004, # Days Prescribed=30 Rx covers patient through 12/1/2004 - 2nd RX: 12/15/2004, # Days Prescribed=30 Gap #1 = (12/15/2004-12/1/2004) = 14 days Rx covers patient through 1/14/2005 - 3rd RX: 1/10/2005, # Days Prescribed=30 No gap days. Rx covers patient through 2/13/2005 - Index Rx Date 11/1/2004 + 114 days = 2/23/2005 - Patient's 84th treatment day occurs on 2/7/2005, which is ≤ 2/23/2005 AND # gap days of 14 is less than 30. <p>Example of Patient Not Included in Numerator:</p> <ul style="list-style-type: none"> - 1st Rx is Index Rx Date: 11/1/2004, # Days Prescribed=30 Rx covers patient through 12/1/2004 - 2nd Rx: 12/15/2004, # Days Prescribed=30 Gap #1 = (12/15/2004-12/1/2004) = 14 days Rx covers patient through 1/14/2005 - 3rd Rx: 2/01/2005, # Days Prescribed=30 Gap #2 = (2/01/2005-1/14/2005) = 18, total # gap days = 32, so patient is not included in the numerator <p>Effective Continuation Phase Treatment numerator: For all antidepressant medication prescriptions (see list of medications below) filled within 231 days of the Index Prescription Date, CRS counts the days prescribed (i.e. treatment days) (from V Medication) from the Index Prescription Date until a total of 180 treatment days has been established. If the patient had a total gap exceeding 51 days or if the patient does not have 180 treatment days within the 231 day timeframe, the patient is not included in the numerator.</p> <p>NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2004, Discontinued</p>

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	Date=11/19/2004, Recalculated # Days Prescribed=4.								
CVD-RELATED GROUP									
Obesity Assessment Nutrition Program, Jean Charles-Azure/ Diabetes Program, Dr. Martin Kileen <i>NATIONAL (included in NTL report; not reported to Congress)</i>	<i>Changes from Version 5.1, as noted below.</i> Denominators: Active Clinical patients ages 2 through 74, broken down by gender and age groups: 2-5, 6-11, 12-19, 20-24, 25-34, 35-44, 45-54, 55-74 (<i>changed to non-GPRA denominator</i>) Numerators: All patients for whom BMI can be calculated, <i>including refusals in the past year (changed to non-GPRA numerator)</i> A) Of Numerator 1, patients considered overweight, adults BMI 25-29, age 18 and under based on standard tables. B) Of Numerator 1, patients considered obese, adults BMI =>30, age 18 and under based on standard tables. C) Of Numerator 1, total overweight and obese. <i>D) Of Numerator 1, patients with documented refusal in past year.</i> <i>Revised method for calculating percentages for numerators 1A-1C to use numerator 1 (vs. Active Clinical denominator) as the denominator.</i> Definitions: 1) BMI: Calculated using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight within last five years, not required to be on same day. For over 50, height and weight within last two years, not required to be on same day. 2) <i>Refusals: Include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 18 and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit.</i> Patient List: Patients for whom a BMI could NOT be calculated.								
Childhood Weight Control Nutrition Program, Jean Charles-Azure/ Diabetes Program, Dr. Martin Kileen <i>NATIONAL (reported to Congress)</i>	<i>Changes from Version 5.1, as noted below.</i> Denominator: GPRA: Active Clinical Patients 2-5 for whom a BMI could be calculated, broken out by age groups. Numerators: 1) Patients with BMI 85-94%. 2) GPRA: Patients with a BMI 95% and up. 3) Patients with a BMI =>85%. Definitions: 1) Age: All patients who are between the ages of 2 and 5 at the beginning of the Report Period and who do not turn age 6 during the Report Period are included in this measure. Age in the age groups is calculated based on the date of the most current BMI found. For example, a patient may be 2 at the beginning of the time period but is 3 at the time of the most current BMI found. That patient will fall into the Age 3 group. 2) BMI: CRS looks for the most recent BMI in the Report Period. CRS calculates BMI at the time the report is run, using NHANES II. A height and weight must be taken on the same day any time during the Report Period. The BMI values for this measure are reported differently than in Obesity Assessment since this age group is children ages 2-6, whose BMI values are age-dependent. The BMI values are categorized as At-risk for Overweight for patients with a BMI between 85-94% and Overweight for patients with a BMI of 95%. Patients whose BMI either is greater or less than the Data Check Limit range shown below will not be included in the report counts for At-risk for Overweight or Overweight. BMI STANDARD REFERENCE DATA <table><tr><td></td><td>BMI</td><td>BMI</td><td></td></tr><tr><td>Low-High</td><td>>=</td><td>>=</td><td>Data Check Limits</td></tr></table>		BMI	BMI		Low-High	>=	>=	Data Check Limits
	BMI	BMI							
Low-High	>=	>=	Data Check Limits						

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Bold italic type</i> indicates new or edited definitions, GPRA measures shaded)																																																		
	<table><tr><th>Ages</th><th>Sex</th><th>(Risk-Overwt.)</th><th>(Overwt)</th><th>BMI ></th><th>BMI <</th></tr><tr><td rowspan="2">2-2</td><td>Male</td><td>17.7</td><td>18.7</td><td>36.8</td><td>7.2</td></tr><tr><td>Female</td><td>17.5</td><td>18.6</td><td>37.0</td><td>7.1</td></tr><tr><td rowspan="2">3-3</td><td>Male</td><td>17.1</td><td>18.0</td><td>35.6</td><td>7.1</td></tr><tr><td>Female</td><td>17.0</td><td>18.1</td><td>35.4</td><td>6.8</td></tr><tr><td rowspan="2">4-4</td><td>Male</td><td>16.8</td><td>17.8</td><td>36.2</td><td>7.0</td></tr><tr><td>Female</td><td>16.7</td><td>18.1</td><td>36.0</td><td>6.9</td></tr><tr><td rowspan="2">5-5</td><td>Male</td><td>16.9</td><td>18.1</td><td>36.0</td><td>6.9</td></tr><tr><td>Female</td><td>16.9</td><td>18.5</td><td>39.2</td><td>6.8</td></tr></table> <p>GPRA Description: During FY 2006, establish the baseline proportion of children ages 2-5 years, with a BMI of 95% or higher.</p> <p>Patient List: Patients ages 2-5 with current BMI.</p>	Ages	Sex	(Risk-Overwt.)	(Overwt)	BMI >	BMI <	2-2	Male	17.7	18.7	36.8	7.2	Female	17.5	18.6	37.0	7.1	3-3	Male	17.1	18.0	35.6	7.1	Female	17.0	18.1	35.4	6.8	4-4	Male	16.8	17.8	36.2	7.0	Female	16.7	18.1	36.0	6.9	5-5	Male	16.9	18.1	36.0	6.9	Female	16.9	18.5	39.2	6.8
Ages	Sex	(Risk-Overwt.)	(Overwt)	BMI >	BMI <																																														
2-2	Male	17.7	18.7	36.8	7.2																																														
	Female	17.5	18.6	37.0	7.1																																														
3-3	Male	17.1	18.0	35.6	7.1																																														
	Female	17.0	18.1	35.4	6.8																																														
4-4	Male	16.8	17.8	36.2	7.0																																														
	Female	16.7	18.1	36.0	6.9																																														
5-5	Male	16.9	18.1	36.0	6.9																																														
	Female	16.9	18.5	39.2	6.8																																														
Nutrition and Exercise Education For At Risk Patients Patient Education Program/ Mary Wachacha Nutrition Program/ Jean Charles-Azure	<p>No changes from Version 5.1</p> <p>Denominators: 1) Active Clinical patients ages 6 and older considered overweight (including obese), defined as adults with BMI =>25, ages 18 and under based on standard tables.</p> <p>A) Patients considered obese, defined as adults with BMI =>30, ages 18 and under based on standard tables. Broken out by gender and age groups: 6-11, 12-19, 20-39, 40-59, =>60 (HP 2010).</p> <p>2) Active Diabetic patients (see Diabetes Comprehensive Care above for definition).</p> <p>Numerators: During the Report Period: 1) Patients provided with medical nutrition counseling.</p> <p>2) Patients provided with nutrition education.</p> <p>3) Patients provided with exercise education.</p> <p>4) Patients provided with other related education.</p> <p>Definitions: 1) Medical Nutrition Counseling: CPT 97802-97804, G0270, G0271; or provider codes 07, 29, 97 or 99; or clinic codes 67 or 36</p> <p>2) Nutrition Education: Patient Education codes ending “-N” or “-MNT” or old codes containing “-DT” (diet); POV V65.3</p> <p>3) Exercise Education: Patient Education codes ending “-EX”; POV V65.41</p> <p>4) Other Related Education: Patient Education codes ending “-LA” or containing “OBS-”</p> <p>Patient List: Patients defined as at risk, with date and codes, if any.</p>																																																		
Cardiovascular Disease and Cholesterol Screening Dr. James Galloway/ Mary Wachacha <i>NATIONAL (reported to Congress)</i>	<p><i>Changes from Version 5.1, as noted below.</i></p> <p>Denominators:</p> <p>1) GPRA: Active Clinical patients ages 23 and older; broken out by gender.</p> <p>2) Active Clinical patients diagnosed with ischemic heart disease prior to the Report Period and with at least two IHD-related visits any time during the Report Period. Broken down by gender.</p> <p>Numerators: 1) GPRA: Patients with documented cholesterol screening any time during past five years, regardless of result.</p> <p>2) With high cholesterol, defined as => 240.</p> <p>3) With LDL completed, regardless of result.</p> <p>4) LDL <= 100. 5) LDL 101-130. 6) LDL 131-160. 7) LDL >160.</p> <p>Definitions: 1) Total Cholesterol Panel: CPT 82465; LOINC taxonomy; site-populated</p>																																																		

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	<p>taxonomy DM AUDIT CHOLESTEROL TAX.</p> <p>2) LDL: CPT 83721; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX</p> <p>3) Ischemic Heart Disease (IHD): One visit prior to the Report Period AND 2 or more visits any time during the Report Period with diagnosis of ischemic heart disease (Purpose of Visit 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file).</p> <p>GPRA Description: <i>During FY 2006, increase the proportion of patients ages 23 and older that receive blood cholesterol screening.</i></p> <p>Patient List: Patients in the denominator, with date and test, if any.</p>
<p>Cardiovascular Disease and Blood Pressure Control</p> <p>Dr. James Galloway/ Mary Wachacha</p>	<p><i>Changes from Version 5.1, as noted below.</i></p> <p>Denominators: 1) All Active Clinical patients ages 20 and over, broken down by gender (removed exclusion for patients with any diabetes diagnosis).</p> <p>2) All User Population patients ages 20 and older, broken down by gender (removed exclusion for patients with any diabetes diagnosis).</p> <p>3) Active Clinical patients diagnosed with ischemic heart disease prior to the Report period and with at least two IHD-related visits any time during the Report period. Broken down by gender.</p> <p>Numerators: 1) Patients with BP values documented.</p> <p>2) Patients with normal BP, <120/80.</p> <p>3) Pre-hypertension I, => 120/80 and < 130/80.</p> <p>4) Pre-hypertension II, =>130/80 and < 140/90.</p> <p>5) Stage 1 hypertension, => 140/90 and <160/100.</p> <p>6) Stage 2 hypertension, => 160/100.</p> <p>Definitions: 1) BP Values (all numerators): <i>CRS uses mean of last 3 Blood Pressures documented on non-ER visits in the past two years. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the current category, then the value that is least controlled determines the category.</i></p> <p><i>(Revised definition to match that used in the Diabetes measures, which uses 3 BPs if available. Also added logic to use lowest BP if multiple values exist for a single visit.)</i></p> <p>2) Ischemic Heart Disease (IHD): One visit prior to the Report period AND 2 or more visits any time during the Report period with diagnosis of ischemic heart disease (Purpose of Visit 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file).</p> <p>Patient List: Patients => 20 w/ denominator identified & mean BP, if any.</p>
<p>Controlling High Blood Pressure</p> <p>Dr. James Galloway/ Mary Wachacha</p>	<p><i>Changes from Version 5.1, as noted below.</i></p> <p>Denominator: Active Clinical patients ages 46 through 85 diagnosed with hypertension and no documented history of ESRD, broken down by gender.</p> <p>Numerators: 1) Patients with BP values documented.</p> <p>2) Patients with normal BP, <120/80.</p> <p>3) Pre-hypertension I, => 120/80 and < 130/80.</p> <p>4) Pre-hypertension II, =>130/80 and < 140/90.</p> <p>5) Stage 1 hypertension, => 140/90 and <160/100.</p>

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	<p>6) Stage 2 hypertension, => 160/100.</p> <p>Definitions: 1) Hypertension: Diagnosis (POV or problem list) 401.* prior to the Report Period, and at least one hypertension POV during the Report Period.</p> <p>2) BP Values (all numerators): Uses mean of last 3 Blood Pressures (previously used 2) documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2, non-ER BPs. <i>If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value.</i> The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the current category, then the value that is least controlled determines the category.</p> <p>3) ESRD: CPT 90921, 90925 or POV <i>585.1-585.9 (changed from 585).</i></p> <p>Patient List: Patients in the denominator, with BP value, if any.</p>
<p>Comprehensive CVD-Related Assessment</p> <p>Dr. James Galloway/ Mary Wachacha</p> <p><i>NATIONAL (included in NTL report; <u>not</u> reported to Congress)</i></p>	<p>See related CVD topics for identification of further changes for this topic.</p> <p>Denominators: 1) Patients ages 46 and older who are not diabetic.</p> <p>2) Active Diabetic patients (see Diabetes Comprehensive Care above for definition) ages 46 and older.</p> <p>3) Active Clinical patients diagnosed with ischemic disease prior to the Report period and with at least two CVD-related visits any time during the Report period.</p> <p>Numerators: 1) Patients with Blood Pressure value documented at least twice in prior two years.</p> <p>2) With LDL completed in past five years, regardless of result.</p> <p>3) Screened for tobacco use during the Report Period.</p> <p>4) For whom a BMI could be calculated, <i>including refusals in the past year.</i></p> <p>5) Who have received any lifestyle adaptation counseling, including medical nutrition counseling, or nutrition, exercise or other lifestyle education during the Report Period.</p> <p>6) Screened for <i>depression or diagnosed with a mood disorder (removed anxiety and adjustment disorder diagnoses and all patient education counseling codes) during the Report Period, including documented refusals in past year.</i></p> <p>7) Patients with ALL assessments above.</p> <p>Definitions: 1) Ischemic Heart Disease (IHD): One visit prior to the Report period AND 2 or more visits any time during the Report period with diagnosis of ischemic heart disease (Purpose of Visit 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file). 2) Patients without diabetes: No diabetes diagnosis ever (POV 250.00-250.93). 3) BP: Having a minimum of 2 Blood Pressures documented on non-ER visits during the Report period.</p> <p>NOTE: For specific definitions and changes to those definitions, refer to the following topics above: Diabetes and Lipids Assessment; Tobacco Use Assessment; Obesity Assessment; Nutrition and Exercise Education for At Risk Patients; and Depression Screening.</p> <p>Patient List: List of patients with assessments received, if any.</p>
<p>Beta-Blocker Treatment After A Heart Attack</p> <p>Dr. James Galloway/ Mary Wachacha</p>	<p><i>Changes from Version 5.1, as noted below.</i></p> <p>Denominator: Active Clinical patients 35 and older discharged for an AMI during the first 51 weeks of the Report period, were not readmitted for any diagnosis within seven days of discharge, and do not have a contraindication/previous adverse reaction to beta-blocker therapy. <i>Broken down by gender.</i></p>

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	<p>Numerator: Patients with active prescription for beta-blockers no later than 7 days after first discharge (i.e. prescribed during stay or at discharge or current at time of admission).</p> <p>Definitions: 1) Acute Myocardial Infarction (AMI): POV 410.*1 (i.e. first eligible episode of an AMI) with Service Category H. If patient has more than one episode of AMI during the first 51 weeks of the Report period, CRS will include only the first discharge.</p> <p>2) Beta-blockers: To be included in the numerator, patient must have an active prescription (not discontinued as of [discharge date + 7 days]) either prescribed prior to admission, during the inpatient stay, or within seven days after discharge. "Active" prescription defined as: Days Prescribed > ((Discharge Date + 7 days) - Order Date). Beta blockers defined with Medication taxonomy BGP CMS BETA BLOCKER MEDS or all meds with VA Drug Class CV100.</p> <p>Denominator Exclusions:</p> <p>1) Patients with Discharge Type of Irregular (AMA), Transferred, or contains "Death."</p> <p>2) Patients with contraindications to beta-blockers, defined as occurring anytime through discharge date: A) Asthma - 2 diagnoses (POV) of 493* on different visit dates; B) Hypotension - 1 diagnosis of 458*; C) Heart block >1 degree - 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7; D) Sinus bradycardia - 1 diagnosis of 427.81; or E) COPD - 2 diagnoses on different visit dates of 491.20, 491.21, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496.</p> <p>3) Documented beta blocker allergy/ADR, defined as occurring anytime through discharge date: A) POV 995.0-995.3 AND E942.0; B) "beta block*" entry in ART (Patient Allergies File); or C) "beta block*", "bblock*" or "b block*" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.</p> <p>4) Patients readmitted for any diagnosis within seven days of discharge.</p> <p>Patient List: Patients with AMI, with beta-blocker prescription, if any.</p>
<p>Persistence of Beta-Blocker Treatment After A Heart Attack</p> <p>Dr. James Galloway/ Mary Wachacha</p>	<p><i>Changes from Version 5.1, as noted below.</i></p> <p>Denominator: Active Clinical patients 35 and older diagnosed with an AMI six months prior to the Report period through the first six months of the Report period and do not have a contraindication/previous adverse reaction to beta-blocker therapy. <i>Broken down by gender.</i></p> <p>Numerator: Patients with a 180-day course of treatment with beta-blockers following first discharge date or visit date, including previous active prescriptions.</p> <p>Definitions: 1) Acute Myocardial Infarction (AMI): POV 410.*0 or 410.*1, which may be diagnosed at inpatient or outpatient visit.</p> <p>2) Inpatient visit: Service Category of H (Hospitalization) and must occur between six months prior to Report period through first six months of the Report period. If patient has more than one episode of AMI during the timeframe, CRS will include only the first hospital discharge or ambulatory visit.</p> <p>3) Beta-blocker Treatment: To be included in the numerator, patients must have a beta-blocker days' supply >= 135 days in the 180 days following discharge date for inpatient visits or visit date for ambulatory visits. Prior active beta-blocker prescriptions can be included if the treatment days fall within the 180 days following discharge/visit date. Prior active prescription defined as most recent beta-blocker prescription (see codes below) prior to admission/visit date with the number of days supply equal to or greater than the discharge/visit date minus the prescription date.</p> <p>NOTE: If the medication was started and then discontinued, CRS will recalculate the #</p>

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	<p>Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.</p> <p>4) Beta-blockers: Medication taxonomy BGP CMS BETA BLOCKER MEDS or all meds with VA Drug Class CV100.</p> <p>Example of patient included in the numerator who has prior active prescription:</p> <ul style="list-style-type: none"> - Admission Date: 2/1/2004, Discharge Date: 2/15/2004 - Must have 135 days prescribed by 8/13/2004 (Discharge Date+180) - Prior Beta-Blocker Rx Date: 1/15/2004 - # Days Prescribed: 60 (treats patient through 3/15/2004) - Discharge Date minus Rx Date: 2/15/2004-1/15/2004 = 31, 60 is >= 31, prescription is considered Prior Active Rx - 3/15/2004 is between 2/15 and 8/13/2004, thus remainder of Prior Active Rx can be counted toward 180-day treatment period - # Remaining Days Prescribed from Prior Active Rx: (60-(Discharge Date-Prior Rx Date) = 60-(2/15/2004-1/15/2004) = 60-31 = 29 - Rx #2: 4/1/2004, # Days Prescribed: 90 - Rx #3: 7/10/2004, #Days Prescribed: 90 - Total Days Supply Prescribed between 2/15 and 8/13/2004: 29+90+90=209 <p>Denominator Exclusions: 1) If inpatient visit, patients with Discharge Type of Irregular (AMA), Transferred, or contains "Death."</p> <p>2) Patients with contraindications to beta-blockers occurring anytime through discharge/ visit date: A) Asthma - 2 diagnoses (POV) of 493* on different visit dates; B) Hypotension - 1 diagnosis of 458*; C) Heart block >1 degree - 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7; D) Sinus bradycardia - 1 diagnosis of 427.81; or E) COPD - 2 diagnoses on different visit dates of 491.20, 491.21, 496, or 506.4, or a combination of any of these diagnoses, such as one visit with 491.20 and one with 496.</p> <p>3) Documented beta blocker allergy/ADR occurring anytime through discharge/visit date: A) POV 995.0-995.3 AND E942.0; B) "beta block*" entry in ART (Patient Allergies File); or C) "beta block*", "bblock*" or "b block*" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.</p> <p>Patient List: Patients with AMI, with all beta-blocker prescriptions during the 180-day timeframe, if any.</p>
<p>Cholesterol Management After Acute CVD Event</p> <p>Dr. James Galloway/ Mary Wachacha</p>	<p><i>Changes from Version 5.1, as noted below.</i></p> <p>Denominator: Active Clinical patients ages 18 to 75 diagnosed within the year prior to beginning of the Report period with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA). Broken down by gender.</p> <p>Numerators: 1) Patients with LDL completed 60-365 days after diagnosis, regardless of result.</p> <p>2) Patients with LDL <=100, completed 60-365 days after diagnosis.</p> <p>3) Patients with LDL 101-130, completed 60-365 days after diagnosis.</p> <p>4) Patients with LDL >130, completed 60-365 days after diagnosis.</p> <p>Definitions: 1) AMI: POV 410.*0 or 410.*1.</p> <p>2) PTCA: A) V Procedure 36.01, 36.02, 36.05, 36.09 or B) CPT 33140, 92980-92982, 92984, 92995, 92996.</p> <p>3) CABG: 1) V Procedure 36.1*, 36.2 or 2) CPT 33510-33514, 33516-33519, 33521-</p>

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	<p>33523, 33533-33536. If diagnosis occurred at an inpatient visit, discharge date will be used instead of visit date.</p> <p>4) LDL: CPT 83721; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX. For each of the numerators, finds the most recent LDL test from the Report period end date that is between 60 and 365 days after diagnosis.</p> <p>Patient List: Patients with AMI, CABG, or PTCA w/LDL value, if any.</p>
STD-RELATED GROUP	
<p>Prenatal HIV Testing and Education</p> <p>Drs. Theresa Cullen, Charlton Wilson, Jim Cheek, and John Redd</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 5.1, as noted below.</i></p> <p>Denominator: GPRA: All pregnant patients with no documented miscarriage or abortion during the past 20 months and NO recorded HIV diagnosis ever.</p> <p>Numerators: 1) Patients who received counseling and/or patient education about HIV and testing during the past 20 months.</p> <p>2) GPRA: Patients who received HIV test during the past 20 months, including refusals.</p> <p>A) Number of documented refusals.</p> <p>Definitions: 1) Pregnancy: At least 2 visits with POV: V22.0-V23.9, 640.*-648.*, 651.*-676.* during the past 20 months, with one diagnosis occurring during the reporting period.</p> <p>2) Miscarriage: Occurring after the second pregnancy POV and during the past 20 months. POV: 630, 631, 632, 633*, 634*, CPT: 59812, 59820, 59821, 59830</p> <p>3) Abortion: Occurring after the second pregnancy POV and during the past 20 months. POV: 635*, 636*, 637*, CPT: 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857</p> <p>4) HIV: V POV or Problem List: 042.0-044.9, V08, 795.71</p> <p>5) HIV Counseling/Patient Education: POV: V65.44, Patient Education codes containing "HIV-" or "-HIV" or HIV diagnosis 042.0-044.9, V08, 795.71</p> <p>6) HIV Test: CPT: 86689, 86701-86703, 87390, 87391; LOINC taxonomy; site-populated taxonomy BGP GPRA HIV TESTS</p> <p>7) Refusal of HIV Test: Lab Test HIV</p> <p>GPRA Description: <i>In FY 2006, increase the proportion of pregnant female patients screened for HIV.</i></p> <p>Patient List: Patients not screened.</p>
<p>HIV Quality of Care</p> <p>Drs. Theresa Cullen, Charlton Wilson, and Jonathan Iralu</p>	<p>No changes from Version 5.1</p> <p>Denominator: Patients 13 and older with at least 2 direct care visits (i.e. not contract/CHS) during the Report Period with HIV diagnosis AND 1 HIV visit in last 6 months. Broken out by gender.</p> <p>Numerators: 1) Patients who received CD4 test only (without PCR viral load) during the Report Period.</p> <p>2) Patients who received HIV Viral load only (without CD4), as measured by PCR or a comparable test, during the Report Period.</p> <p>3) Patients who received both CD4 and HIV viral load tests during the Report Period.</p> <p>4) Total patients receiving tests.</p> <p>Definitions: 1) HIV: POV or Problem List 042.0-044.9, V08, or 795.71</p> <p>2) CD4: CPT 86361; LOINC taxonomy; site-populated taxonomy BGP CD4 TAX</p> <p>3) HIV Viral Load: CPT 87536, 87539; LOINC taxonomy; site-populated taxonomy</p>

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	BGP HIV VIRAL TAX Patient List: None
Chlamydia Screening Epidemiology Program/ Dr. Jim Cheek, Lori DeRavello, MPH	No changes from Version 5.1 Denominator: Female Active Clinical patients ages 16 through 25, broken down into age groups 16-20 and 21-25. Numerator: Patients tested for Chlamydia trachomatis during the Report Period. Definitions: Chlamydia: V73.88, V73.98; CPT: 87110, 87270, 87320, (removed 87485-87487; not for genital Chlamydia infection), 87490-87492, 87810; site-populated taxonomy BGP GPRA CHLAMYDIA TESTS; LOINC taxonomy. Patient List: Patients with no documented screening.
OTHER CLINICAL MEASURES GROUP	
Osteoporosis Management Drs. Bruce Finke and Lisa Sumner	Changes from Version 5.1, as noted below. Denominator: Female Active Clinical patients ages 67 and older who had a new fracture occurring six months (180 days) prior to the Report period through the first six months of the Report period with no osteoporosis screening or treatment in year prior to the fracture. Numerator: Patients treated or tested for osteoporosis after the fracture. Definitions: 1) Fracture: Does not include fractures of finger, toe, face, or skull. CRS will search for the first (i.e. earliest) fracture during the period six months (180) days prior to the beginning of the Report period and the first six months of the Report period. If multiple fractures are present, only the first fracture will be used. The Index Episode Start Date is the date the fracture was diagnosed. If the fracture was diagnosed at an outpatient visit (Service Category A, S, or O), the Index Episode Start Date is equal to the Visit Date. If diagnosed at an inpatient visit (Service Category H), the Index Episode Start Date is equal to the Discharge Date. Fracture codes: A) CPTs: 21800, 21805, 21810, 21820, 21825, 22305, 22310, 22315, 22318, 22319, 22325, 22326, 22327, 22328, 23500, 23505, 23515, 23570, 23575, 23585, 23600, 23605, 23615, 23616, 23620, 23625, 23630, 23665, 23670, 23675, 23680, 24500, 24505, 24515, 24516, 24530, 24535, 24538, 24545, 24546, 24560, 24565, 24566, 24575, 24576, 24577, 24579, 24582, 24586, 24587, 24620, 24635, 24650, 24655, 24665, 24666, 24670, 24675, 24685, 25500, 25505, 25515, 25520, 25525, 25526, 25530, 25535, 25545, 25560, 25565, 25574, 25575, 25600, 25605, 25611, 25620, 25622, 25624, 25628, 25630, 25635, 25645, 25650, 25651, 25652, 25680, 25685, 26600, 26605, 26607, 26608, 26615, 27193, 27194, 27200, 27202, 27215, 27216, 27217, 27218, 27220, 27222, 27226, 27227, 27228, 27230, 27232, 27235, 27236, 27238, 27240, 27244, 27245, 27246, 27248, 27254, 27500, 27501, 27502, 27503, 27506, 27507, 27508, 27509, 27510, 27511, 27513, 27514, 27520, 27524, 27530, 27532, 27535, 27536, 27538, 27540, 27750, 27752, 27756, 27758, 27759, 27760, 27762, 27766, 27780, 27781, 27784, 27786, 27788, 27792, 27808, 27810, 27814, 27816, 27818, 27822, 27823, 27824, 27825, 27826, 27827, 27828, 28400, 28405, 28406, 28415, 28420, 28430, 28435, 28436, 28445, 28450, 28455, 28456, 28465, 28470, 28475, 28476, 28485; B) POVs: 733.1, 805*-806*, 807.0-807.3, 808*-815*, 818*-825*, 827*, 828*; C) V Procedure: 79.00-79.03, 79.05-79.07, 79.09, 79.10-79.13, 79.15-79.17, 79.19, 79.20-79.23, 79.25-79.27, 79.29, 79.30-79.33, 79.35-79.37, 79.39, 79.60-79.63, 79.65-79.67, 79.69. 2) Osteoporosis Treatment and Testing: A) For fractures diagnosed at an outpatient visit: I) A non-discontinued prescription within six months (180 days) of the Index Episode Start Date (i.e. visit date) or II) a BMD test within six months of the Index

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	<p>Episode Start Date. B) For fractures diagnosed at an inpatient visit, a BMD test performed during the inpatient stay.</p> <p>3) BMD Test: A) CPT: 76070, 76071, 76075, 76076, 76078, 76499, 76977, 76999, 78350, 78351; B) V Procedure 88.98.</p> <p>4) Osteoporosis Treatment Medication: Medication taxonomy BGP <i>HEDIS</i> OSTEOPOROSIS MEDS. (Medications are Alendronate, Risedronate, Calcitonin, Raloxifene, Estrogen, and Teriparatide.)</p> <p>Denominator Exclusions:</p> <p>1) Patients receiving osteoporosis screening or treatment in the year (365 days) prior to the Index Episode Start Date. Osteoporosis screening or treatment is defined as a Bone Mineral Density (BMD) test (see below for codes) or receiving any osteoporosis therapy medication (see below for codes).</p> <p>2) Patients with a fracture diagnosed at an outpatient visit who ALSO had a fracture within 60 days prior to the Index Episode Start Date.</p> <p>3) Patients with a fracture diagnosed at an inpatient visit who ALSO had a fracture within 60 days prior to the ADMISSION DATE.</p> <p>Patient List: Female patients with new fracture who have had osteoporosis treatment or testing, if any.</p>
Osteoporosis Screening in Women Drs. Bruce Finke and Lisa Sumner	<p><i>New measure for Version 6.0</i></p> <p>Denominator: Female Active Clinical patients ages 65 and older without a documented history of osteoporosis.</p> <p>Numerators: Patients who had osteoporosis screening documented in the past 2 years, including documented refusals in past year.</p> <p>A) Patients with documented refusal in past year.</p> <p>Definitions: 1) Patients without Osteoporosis: No osteoporosis diagnosis ever (POV 733.*).</p> <p>2) Osteoporosis Screening: Any one of the following in the past two years or documented refusal in the past year: A) Central DEXA: CPT 76075; B) Peripheral DEXA: CPT 76076; C) Central CT: CPT 76070; D) Peripheral CT: CPT 76071; E) US Bone Density: CPT 76977; F) Quantitative CT: V Procedure 88.98.</p> <p>Patient List: Female patients ages 65 and older with osteoporosis screening, if any.</p>
Asthma Drs. Charles Reidhead and Charles North	<p>No changes from Version 5.1</p> <p>Denominators: Active Clinical patients, broken out by age groups: <5, 5-64; 65 and older (HP 2010)</p> <p>Numerators: 1) Patients who have had 2 asthma-related visits during the Report Period OR who are Active patients in the Asthma Register System (ARS) and categorized as persistent (i.e. Severity 2, 3 or 4).</p> <p>2) Patients from the first numerator who have hospital visits for asthma during the Report Period.</p> <p>Definitions: 1) Asthma: POV 493.*</p> <p>2) Hospital Visit: Service Category H with <u>primary</u> POV 493.*</p> <p>Patient List: Patients in the numerator.</p>
Asthma Quality of Care Drs. Charles Reidhead and Charles North	<p>No changes from Version 5.1</p> <p>Denominator: Active Clinical patients ages 5-56 with persistent asthma within the year prior to the beginning of the Report period without a documented history of emphysema or chronic obstructive pulmonary disease (COPD), broken down by age groups.</p> <p>Numerator: Patients who had at least one dispensed prescription for primary asthma</p>

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	<p>therapy medication during the Report period.</p> <p>Definitions: 1) Emphysema: Any visit at any time on or before the end of the Report period with POV codes: 492.*, 506.4, 518.1, 518.2.</p> <p>2) Chronic obstructive pulmonary disease (COPD): Any visit at any time on or before the end of the Report period with POV codes: 491.20, 491.21, 496, 506.*.</p> <p>3) Persistent Asthma: Any of the following with in the year prior to the beginning of the Report period:</p> <p>A) At least one visit to Clinic Code 30 (Emergency Medicine) with primary diagnosis 493* (asthma),</p> <p>B) At least one acute inpatient discharge with primary diagnosis 493.*. Acute inpatient discharge defined as Service Category of H,</p> <p>C) At least four outpatient visits, defined as Service Categories A, S, or O, with primary or secondary diagnosis of 493.* AND at least two asthma medication dispensing events (see definition below), or</p> <p>D) At least 4 asthma medication dispensing events (see definition below). If the sole medication was leukotriene modifiers, then MUST also meet criteria in 1-3 above or have at least one visit with POV 493.* within the year prior to the beginning of the Report period.</p> <p>Dispensing Event: One prescription of an amount lasting 30 days or less. For RXs longer than 30 days, divide the days' supply by 30 and round down to convert. For example, a 100-day RX is equal to three dispensing events ($100/30 = 3.33$, rounded down to 3). Also, two different RXs dispensed on the same day are counted as two different dispensing events. Inhalers should also be counted as one dispensing event.</p> <p>NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.</p> <p>4) Primary Asthma Therapy: To be included in the numerator, patient must have a non-discontinued prescription for primary asthma therapy (see list of medications below) during the Report period.</p> <p>Primary asthma therapy medication codes defined with medication taxonomies: BGP ASTHMA CONTROLLERS, BGP ASTHMA INHALED STEROIDS, AND BGP ASTHMA LEUKOTRIENE. (Medications are: Inhaled Corticosteroids, Nedocromil, Cromolyn Sodium, Leukotriene Modifiers or Methylxanthines.)</p> <p>Patient List: Asthmatic patients with primary asthma therapy medications, if any.</p>
<p>Chronic Kidney Disease Assessment</p> <p>Kidney Disease Program/ Dr. Andrew Narva</p>	<p>No changes from Version 5.1</p> <p>Denominator: All patients 18 and older with serum creatinine test in past year.</p> <p>Numerators: 1) Patients with Estimated GFR result (lab test Estimated GFR).</p> <p>A) with GFR <60</p> <p>Definitions: 1) Creatinine: CPT 82540, 82565-75; LOINC; site-populated taxonomy DM AUDIT CREATININE TAX.</p> <p>2) Estimated GFR: site-populated taxonomy BGP GPRA ESTIMATED GFR TAX, LOINC code 33914-3.</p> <p>Patient List: Patients with Creatinine test, with GFR and value, if any.</p>
<p>Prediabetes/Metabolic Syndrome</p> <p>Drs. Stephen J.</p>	<p><i>New measure for Version 6.0</i></p> <p>Denominator: Active Clinical patients ages 18 and older diagnosed with prediabetes/metabolic syndrome without a documented history of diabetes.</p>

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RithNajarian and Kelly Moore	<p>Numerators: 1) Patients with Blood Pressure documented at least twice during the Report Period.</p> <p>2) Patients with LDL completed, regardless of result, during the Report Period.</p> <p>3) Patients with fasting glucose test, regardless of result, during the Report Period.</p> <p>4) Patients with positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result, during the Report Period.</p> <p>5) Patients who have been screened for tobacco use during the Report Period.</p> <p>6) Patients for whom a BMI could be calculated, including refusals in the past year.</p> <p>7) Patients who have received any lifestyle adaptation counseling, including medical nutrition counseling, or nutrition, exercise or other lifestyle education during the Report Period.</p> <p>8) Patients screened for depression or diagnosed with a mood disorder at any time during the Report period, including documented refusals in past year.</p> <p>9) Patients with all screenings.</p> <p>Definitions: 1) Prediabetes/Metabolic Syndrome: Diagnosis of prediabetes/metabolic syndrome, defined as: two visits during the Report Period with POV 277.7, OR any three or more of the following occurring during the Report Period except as otherwise noted:</p> <p>A) BMI => 30 OR Waist Circumference >40 inches for men or >35 inches for women,</p> <p>B) Triglyceride value >=150,</p> <p>C) HDL value <40 for men or <50 for women,</p> <p>D) Patient diagnosed with hypertension OR mean Blood Pressure value => 130/85 where systolic is =>130 OR diastolic is =>85,</p> <p>E) Fasting Glucose value =>100 AND <126. NOTE: Waist circumference and fasting glucose values will be checked last.</p> <p>2) Patients without Diabetes: No diabetes diagnosis ever (POV 250.00-250.93).</p> <p>3) BMI: CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 18 and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit.</p> <p>4) Triglyceride: CPT 84478; LOINC taxonomy; or site-populated taxonomy DM AUDIT TRIGLYCERIDE TAX.</p> <p>5) HDL: CPT 83718; LOINC taxonomy; or site-populated taxonomy DM AUDIT HDL TAX.</p> <p>6) Fasting Glucose: POV 790.21; LOINC taxonomy; or site-populated taxonomy DM AUDIT FASTING GLUCOSE TAX.</p> <p>7) LDL: Finds last test done during the Report period; defined as: CPT 83721; LOINC taxonomy; or site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX.</p> <p>8) Blood Pressure: CRS uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by</p>

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Bold italic type</i> indicates new or edited definitions, GPR A measures shaded)
	<p>adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2).</p> <p>9) Hypertension: Diagnosis of (POV or problem list) 401.* occurring prior to the Report period, and at least one hypertension POV during the Report period.</p> <p>10) Urine Protein/Microalbuminuria: CRS searches for last microalbuminuria test done during the Report period, regardless of result. If none found, searches for last urine protein test with positive (Y) value in same time period. Positive value for urine protein is defined as: 1) First character of result is "P", "p", "M", "m", "L", "I", "S", or "s"; 2) Contains a + sign; 3) Contains a > symbol; 4) numeric value (if the result is a number) is > (greater than) 29. 1) Urine protein defined as: LOINC taxonomy; site-populated taxonomy DM AUDIT URINE PROTEIN TAX. 2) Microalbuminuria defined as: CPT codes 82043, 82044; LOINC taxonomy; site-populated taxonomy DM AUDIT MICROALBUMINURIA TAX or DM AUDIT A/C RATIO taxonomy.</p> <p>11) Tobacco Screening: At least one of the following during the Report Period: 1. Any health factor for category Tobacco documented during Current Report period; 2. Tobacco-related diagnoses (POV or current Active Problem List) 305.1 or V15.82; 3. Dental code 1320; 4. Any patient education code containing "TO-", "-TO" or "-SHS."</p> <p>12) Lifestyle Counseling: Any of the following during the Report Period:</p> <p>A) Medical nutrition counseling defined as: CPT 97802-97804, G0270, G0271; Provider codes 07, 29, 97, 99; Clinic codes 67 (dietary) or 36 (WIC),</p> <p>B) Nutrition education defined as: POV V65.3 dietary surveillance and counseling; patient education codes ending "-N" (Nutrition) or "-MNT" (or old code "-DT" (Diet)),</p> <p>C) Exercise education defined as: POV V65.41 exercise counseling; patient education codes ending "-EX" (Exercise),</p> <p>D) Related exercise and nutrition counseling defined as: patient education codes ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity).</p> <p>13) Depression Screening/Mood Disorder DX: Any of the following during the Report Period: A) Depression Screening: Exam Code 36, POV V79.0, or BHS problem code 14.1 (screening for depression) or refusal, defined as any PCC refusal in past year with Exam Code 36; or B) Mood Disorder DX: At least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15.</p> <p>Patient List: Patients 18 and older with Prediabetes/Metabolic Syndrome with assessments received, if any.</p>
Medications Education Patient Education Program/ Mary Wachacha	<p>No changes from Version 5.1</p> <p>Denominator: Active Clinical patients with medications dispensed <u>at their facility</u> during the Report Period.</p> <p>Numerator: Patients who were provided patient education about their medications in ANY location.</p> <p>Definitions: 1) Dispensed Medications: Any entry in the VMed file for your facility.</p> <p>2) Medication Education: Patient Education codes M-I, M-DI, M-FU, M-L, DMC-IN, or any Patient Education containing "-M".</p> <p>Patient List: Patients in the denominator, with date and Patient Education codes, if any.</p>
Public Health Nursing Cheryl Peterson, RN	<p><i>Changes from Version 5.1, as noted below.</i></p> <p>Denominators: 1) User Population patients.</p>

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Bold italic type</i> indicates new or edited definitions, GPRA measures shaded)
<p><i>NATIONAL (included in NTL report; <u>not</u> reported to Congress)</i></p>	<p>2) Number of <u>visits</u> by PHNs in any setting, including Home, broken down into age groups: 0-28 days (neonate), 29 days-12 months (infants), 1-64 years, 65 and older (elders). (<i>Changed to non-GPRA denominator</i>)</p> <p>A) Number of PHN driver/interpreter (provider code 91) visits.</p> <p>3) Number of <u>visits</u> by PHNs in Home setting, broken down into age groups: 0-28 days (neonate), 29 days-12 months (infants), 1-64 years, 65 and older (elders).</p> <p>A) Number of PHN driver/interpreter (provider code 91) visits.</p> <p>Numerators:</p> <p>1) For User Population denominator only, the number of patients in the denominator served by PHNs in any setting.</p> <p>2) For User Population only, the number of patients in the denominator served by a PHN driver/interpreter in any setting.</p> <p>3) For User Population denominator only, the number of patients in the denominator served by PHNs in a Home setting.</p> <p>4) For User Population only, the number of patients in the denominator served by a PHN driver/interpreter in a HOME setting.</p> <p>Definitions: 1) PHN Visit-Any Setting: Any visit with primary or secondary provider codes 13 or 91.</p> <p>2) PHN Visit-Home: Any visit with A) clinic code 11 and a primary or secondary provider code of 13 or 91 or B) Location Home (as defined in Site Parameters) <u>and</u> a primary or secondary provider code 13 or 91.</p> <p>Patient List: Any patient who received any PHN visit.</p>

4.0 Getting Started: System Setup

This section will describe the steps that need to be followed to set up and use all site parameters and taxonomies needed for the CRS 2006 program.

Sites need to perform the activities listed below before running any reports. **NOTE:** Users must have special security access to perform step #2 below and to edit lab and medication taxonomies used by CRS (i.e. step #4).

1. Create in QMan the “official” community taxonomy for national GPRA reporting. This step may not be performed in the CRS application.

NOTE: The GPRA Area Coordinators decided in January 2004 at their national meeting that all Areas except Oklahoma City would use their defined CHS catchments as their default community taxonomies for the yearly GPRA report. Oklahoma City Area was the exception, since all of OK is in the CHSDA.

2. Set up various system parameters.
3. Run the taxonomy check for all reports.
4. Setup the lab and medication taxonomies used by the CRS software.

4.1 Community Taxonomy

The Community taxonomy is used to define the range of community names where your facility’s patients reside to be included in your reports. Your facility most likely already has one or more Community taxonomies set up for use with other RPMS applications. For local reports, individuals may want to run reports for selected measures for a specific subset of the population.

For the National GPRA report (see section 5.2 Report Content for report definitions), a Community taxonomy should be used that includes all communities served by the facility.

NOTE: The GPRA Area Coordinators decided in January 2004 at their national meeting that all Areas except Oklahoma City would use their defined CHS catchments as their default community taxonomies for the yearly GPRA report. Oklahoma City Area was the exception, since all of OK is in the CHSDA.

The community taxonomy may be set up using QMan and is no longer available for editing in CRS.

Below is a sample of creating a community taxonomy using QMan. If you do not have access to QMan, see your RPMS Site manager.

1. Choose the QMan menu option from the main menu.
2. Type **Living Patients** at the “What is the subject of your search?” prompt.
3. Type **Community** at the “Attribute of Living Patients:” prompt.
4. Type the name(s) of the community/communities of interest at the “Enter Community:” and “Enter Another Community:” prompts. When you are finished, press the Enter key at a blank “Enter Another Community:” prompt.
5. Type **Y** at the “Want to save this community group for future use?” prompt.
6. Type a name for the taxonomy at the “Group Name:” prompt.
7. Verify your group name and type **Y** or **N** at the “Are you adding [group name]' as a new Taxonomy (the ###TH)? No//” prompt.
8. Type a short description of the taxonomy (if desired) at the “Taxonomy Brief Description:” prompt.
9. Type **Y** or **N** at the “Edit?” prompt. Type **Y** if you wish to edit the extended description for the taxonomy.
10. You will be returned to the QMan main menu. To exit that menu, type **0** (zero) at the prompt.

```

What is the subject of your search?  LIVING PATIENTS //  LIVING PATIENTS

  Subject of search: PATIENTS
    ALIVE TODAY    [SER = .06]

Attribute of LIVING PATIENTS:  COMMUNITY [ENT]

Enter COMMUNITY:  TUCSON           PIMA      ARIZONA      077      0410077
Enter ANOTHER COMMUNITY:  SELLS           PIMA      ARIZONA      067      0410067
Enter ANOTHER COMMUNITY:  SAN XAVIER       PIMA      ARIZONA      065      0410065
Enter ANOTHER COMMUNITY:  [ENT]

The following have been selected =>

  SAN XAVIER
  SELLS
  TUCSON

Want to save this COMMUNITY group for future use? No// Y  (Yes)
Group name: CMI GPRA REPORT COMMUNITIES
Are you adding 'CMI GPRA REPORT COMMUNITIES' as
  a new TAXONOMY (the 718TH)? No// Y  (Yes)

  TAXONOMY BRIEF DESCRIPTION: [ENT]
EXTENDED DESCRIPTION:
  No existing text
  Edit? NO// No [ENT]
Computing Search Efficiency Rating.....
.....

  Subject of search: PATIENTS
    ALIVE TODAY    [SER = .06]
    CURRENT COMMUNITY (SAN XAVIER/SELLS...)  [SER = 3.55]

```

Figure 4-1: Setting Up Community Taxonomy in QMan

4.2 Site Parameters

NOTE: Users must have special security access to access/edit the Site Parameters. See your Site Manager if you do not have access and need access.

The Site Parameters menu option allows you to set certain values that are used often by CRS so users don't have to enter them each time they run a report. The available parameter options are:

- **BGP Site Parameters Location (i.e., Facility location):** defines your facility location.
- **Default Community taxonomy:** defines the Community taxonomy name your site is most likely to use in identifying the population for reports

NOTE: If your RPMS server has multiple databases representing multiple facilities, you may not want to set a default Community taxonomy. This will ensure that your users will define a specific Community Taxonomy each time a report is run.

- **Definition of Home:** this is used by Public Health Nursing measure to identify PHN visits in a Home location, in addition to looking for clinic code 11. Generally, but not always, a site's home location is called HOME.
- **Export Data to Web EISS:** used to determine whether or not your facility's National GPRA report data is exported to the Office of Information Technology's (OIT) Executive Information Support System (EISS), an IHS intranet-based graphical reporting application. It is planned that CRS data will be displayed on the EISS in the near future in a graphical format for sites who have volunteered to export their data.
- **Contract Health Site Only:** should be used only for facilities that only offer Contract Health Services to its patients. Setting this parameter to "Yes" will redefine the Active Clinical denominator to Active Clinical CHS, which requires a patient to have 2 CHS visits in the past 3 years versus meeting the criteria of the Active Clinical denominator definition for having 2 visits to defined medical clinics in the past 3 years.

To edit the Site Parameters, follow the instructions below.

1. Type **CI06** at the "Select IHS Clinical Reporting System (CRS) Main Menu Option:" prompt located in the main IHS/ RPMS Clinical Reporting System menu.

```

*****
**      IHS/RPMS CLINICAL REPORTING SYSTEM (CRS)      **
*****
                                Version 6.0

                                DEMO HOSPITAL

CI06  CRS 2006 ...
CI05  CRS 2005 ...
GP04  GPRA+ FY04 ...
GP03  GPRA+ FY03 ...
GP02  GPRA+ FY02 ...

Select IHS Clinical Reporting System (CRS) Main Menu Option: CI06 CRS 2006

```

Figure 4-2: Accessing the System Setup menu (step 1)

2. The CRS 2006 main menu displays (Figure 4-3). The AO Area Options menu option only displays for Area Office sites. Type **SET** at the "Select CRS 2006 Option:" prompt to display menu options to perform setup activities.

```

*****
**      IHS/RPMS CRS 2006      **
**    Clinical Reporting System    **
*****
          Version 6.0

          DEMO HOSPITAL

RPT    Reports ...
SET    System Setup ...
AO     Area Options ...

Select CRS 2006 Option: SET System Setup

```

Figure 4-3: Accessing the System Setup menu (step 2)

- The Setup menu displays (Figure 4-4). **NOTE:** The SP Site Parameters menu option will only be displayed for users with security access for this functionality.

```

*****
**      IHS/RPMS CRS 2006      **
**          Setup Menu          **
*****
          Version 6.0

          DEMO HOSPITAL

SP      Site Parameters
TC      Taxonomy Check ...
TS      Taxonomy Setup ...

Select System Setup Option: SP Site Parameters

```

Figure 4-4: Accessing the System Setup menu (step 4)

- Type **SP** at the “Select System Setup Option:” prompt at the Setup menu.
- At the “Select BGP Site Parameters Location” prompt, type the name of your site location.
- At the “Please enter your site’s Default Community Taxonomy” prompt, type the name of the Community taxonomy your site is most likely to use for performance reporting.

NOTE: The Community taxonomy default can be overridden at the time an individual report is run. Setting a default taxonomy ensures that any user running a report is using the same population definition.

- At the “Enter Your Site’s Home location:” prompt, type the name of your Home location, or press the Enter key to accept the default response. If you type **HOME** at this prompt, a list of all Home locations will display. Follow the prompts to select the appropriate location. Remember, this is for reporting of PHN home visits only and should not be confused with your facility/site location.

8. At the “Do you wish to send data to the Web EISS?” prompt, type Y if you want your facility’s National GPRA report data exported to the Executive Information Support System (EISS) on the IHS intranet or type N if you do not want your data exported to the EISS.
9. At the “Contract Health Site Only?” prompt, type N if your facility offers direct care to its patients (i.e., it does NOT only provide CHS care). If your facility ONLY provides Contract Health Services to its patients, type Y.
10. The “Select BGP Site Parameters Location:” prompt displays again. Press the Enter key to return to the System Setup menu.

```

*****
**   IHS/RPMS CRS 2006   **
**       Setup Menu       **
*****
Version 6.0

DEMO HOSPITAL

SP      Site Parameters
TC      Taxonomy Check ...
TS      Taxonomy Setup ...

Select System Setup Option: SP  Site Parameters

Select BGP SITE PARAMETERS LOCATION: DEMO HOSPITAL      NAVAJO      TUBA CITY
01          AZ          808701
...OK? Yes//  (Yes)

Please enter your site's DEFAULT COMMUNITY taxonomy: BETA TEST COMMUNITIES
//
Please enter your site's HOME location: UNDESIG LOCS
// home
1  HOME      NAVAJO      TUBA CITY      89      AZ
2  HOME      CALIFORNIA TRIBE/638      UIHS-TSURAI      89
3  HOME      BILLINGS TRIBE/638      ROCKY BOY'S      95
4  HOME      BILLINGS TRIBE/638      FLATHEAD      95
5  HOME      CALIFORNIA URBAN      AMERICAN IND FREE CLINIC      89

Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1  HOME      NAVAJO      TUBA CITY      89      AZ
Do you wish to send data to the WEB EISS?: YES// y  YES

Only answer the next question with a Yes if this site provides
no direct services but only provides contract health services
to their patients.
CONTRACT HEALTH SITE ONLY?: NO// N  NO

Select BGP SITE PARAMETERS LOCATION:

```

Figure 4-5: Setting up site parameters

4.3 Taxonomy Check and Setup

Taxonomies are used to find data items in PCC in order to determine if a patient or visit meets the criteria for which the software is looking.

To ensure comparable data within the agency as well as to external organizations, as much performance measure logic as possible is based on standard national codes. These codes include ICD-9, CPT, LOINC and national IHS standard codesets (e.g., Health Factors, patient education codes, etc.).

For terminology that is not standardized across each facility, such as lab tests or medications, CRS uses taxonomies that can be populated by each individual facility with its own codes.

4.3.1 What Is a Taxonomy?

Taxonomies are groupings of functionally related data elements, such as specific codes, code ranges, or terms, that are used by various RPMS applications to find data items in PCC to determine if a patient meets a certain criteria. There are two different types of taxonomies distributed with the Clinical Reporting System: software-defined (“hard-coded”) and site-populated.

For data elements like diagnoses, procedures or lab tests identified by LOINC codes, the taxonomy simply identifies the standard codes that a software program should look for. These codes are hard-coded by the programmer into several ***software-defined taxonomies*** that are distributed with the CRS software. These taxonomies can only be updated by the CRS programmer. See the CRS Technical Manual for a complete list of software-defined taxonomies.

Site-populated taxonomies are used to mitigate the variations in terminology for other types of data elements that vary from one facility to another, including medications and lab tests. This means, for example, that one site’s Pap smear data can be compared to another site, even though the same term is not used for the Pap smear lab test. Or, one site’s beta-blocker data can be compared to another site, even though the same names are not used for beta-blocker drugs.

For example, one site’s Lab table might contain the term *Glucose Test* while another site’s table may contain the term *Glucose* for the same test. PCC programs have no means for dealing with variations in spelling, spacing, and punctuation. Rather than attempting to find all potential spellings of a particular lab test, the application would look for a pre-defined taxonomy name that is installed at every facility. The *contents* of the taxonomy are determined by the facility. In this example, the application would use the “DM AUDIT GLUCOSE TESTS TAXONOMY.” The individual facility will enter all varieties of spelling and punctuation for Glucose Tests used at that particular facility.

Codes and terms contained in a taxonomy are referred to as members of the taxonomy.

4.3.2 Site-Populated Clinical Taxonomies Used by CRS

The site's CRS Implementation team will need to review the taxonomies that need to be populated by the site and make sure that all appropriate entries exist or are entered. The table below can be used as a checklist. Beginning with CRS Version 6.0, the site-populated taxonomies will include both lab tests and drugs.

CRS also uses "hard coded" pre-defined taxonomies for CPT, ICD (diagnosis and procedure), LOINC, ADA, NDC, and VA Drug Class codes as identified in the performance measure logic. These taxonomies cannot be altered by the site. A list of all pre-defined taxonomies can be viewed by selecting the VT option from the Taxonomy Setup menu. The CRS Technical Guide also includes a list of all pre-defined taxonomies.

Detailed instructions on how to set up and check these taxonomies are included in sections 4.3.3 and 4.3.4.

Beginning with CRS Version 6.0, reports may be run for the lab tests and medications including the site-populated taxonomies. For information on running these reports, see sections 6.10 and 6.11.

4.3.2.1 Site-Populated Lab Taxonomies

There are two new lab taxonomies for CRS Version 6.0, which are shown in bold in the table below.

NOTE: To provide accurate counts, you must include ALL test names that have been used by your facility at least since 1995, even if these codes are currently inactive. Some measures search for tests as far back as 10 years.

Many sites designate inactive lab tests by adding one of the following characters at the beginning of the test name: "z," "Z," "xx," "X," or "*." Search for these characters in your lab file and include these tests in your site-populated taxonomies because these tests may have been the ones in use at the time.

Taxonomy Name	Description	Examples of Members	Performance Measures Used In	Reports Used In
BGP CMS ABG	All Arterial Blood Gas (ABG) or Pulse Oximetry Lab Tests	Arterial Blood Gas Pulse Oximetry	Pneumonia	CMS
BGP GPRA CHLAMYDIA TESTS	All lab tests for Chlamydia trachomatis	Chlamydia Culture Chlamydia IgG Chlamydia IgM Chlamydia Screen Chlamydia, DNA Probe Chl/Gc Combo	Chlamydia Screening	Selected Measures HEDIS

Taxonomy Name	Description	Examples of Members	Performance Measures Used In	Reports Used In
BGP GPRA FOB TESTS	All Fecal Occult Blood Lab Tests	Occult Blood Fecal Occult Blood	Colorectal Cancer Screening	National GPRA/ GPRA Performance Selected Measures HEDIS Elder Care
BGP GPRA ESTIMATED GFR	All Estimated GFR Lab Tests	Estimated GFR Est GFR	Diabetes: Nephropathy Assessment Diabetes Comprehensive Care Chronic Kidney Disease Assessment	National GPRA/ GPRA Performance Selected Measures HEDIS Elder Care
BGP CD4 TESTS	All CD4 Lab Tests, used to evaluate immune system status (Also known as: T4 count, T-helper cells)	CD4	HIV Quality of Care	Selected Measures
BGP HIV VIRAL LOAD TESTS	All HIV viral load tests (as measured by PCR or comparable test)	HIV Viral Load	HIV Quality of Care	Selected Measures
BGP HIV TESTS	All HIV tests	HIV Tests	Prenatal HIV Testing	Selected Measures
BGP GPRA PAP SMEAR	All Pap Smear tests	Pap Smear	Cancer Screening: Pap Smear Cervical Cancer Screening (Pap Smear) (HEDIS)	National GPRA/ GPRA Performance Selected Measures HEDIS
DM AUDIT A/C RATIO	All Albumin and Creatinine Tests	A/C Ratio AC Ratio ACR	Diabetes: Nephropathy Assessment Diabetes Comprehensive Care Comprehensive Diabetes Care (HEDIS) Prediabetes/Metabolic Syndrome	National GPRA/ GPRA Performance Selected Measures HEDIS Elder Care
DM AUDIT CHOLESTEROL TAX	All Total Cholesterol Tests	Cholesterol, Total Cholesterol	CVD and Cholesterol Screening	National GPRA/ GPRA Performance Elder Care
DM AUDIT CREATININE TAX	All Creatinine Tests – NOTE: do NOT include names of panels that creatinine test may be part of, e.g., basic metabolic panel	Creatinine	All Diabetes Measures for Active Adult Diabetic denominator Chronic Kidney Disease Assessment	National GPRA/ GPRA Performance Selected Measures
DM AUDIT FASTING GLUCOSE TAX	All Fasting Glucose Tests	Glucose (Fasting); F Glucose; Glucose, Fasting; Fasting Glucose; FBS; Fasting Blood Sugar; Fasting GTT; GTT, Fasting	Prediabetes/Metabolic Syndrome	Selected Measures

Taxonomy Name	Description	Examples of Members	Performance Measures Used In	Reports Used In
DM AUDIT HDL TAX	All HDL Cholesterol Lab Tests – NOTE: do NOT include Lipid Panels in this taxonomy	HDL	Diabetes: Lipids Assessment Prediabetes/Metabolic Syndrome	National GPRA/ GPRA Performance Selected Measures Elder Care
DM AUDIT HGB A1C TAX	All HGB A1C lab tests	HgbA1C, A1C, HbA1c, Hemoglobin A1C, Glycosylated hemoglobin, Glycohemoglobin A1c	Diabetes: Glycemic Control Diabetes Comprehensive care Comprehensive Diabetes Care (HEDIS)	National GPRA/ GPRA Performance Selected Measures HEDIS Elder Care
DM AUDIT LDL CHOLESTEROL TAX	All LDL Cholesterol Lab Tests – NOTE: do NOT include Lipid Panels	LDL, LDL-C	Diabetes: Lipids Assessment Diabetes Comprehensive Care CVD and Cholesterol Screening Comprehensive CVD-Related Assessment Cholesterol Management After Acute Cardiovascular Event (HEDIS) Comprehensive Diabetes Care (HEDIS) Prediabetes/Metabolic Syndrome	National GPRA/ GPRA Performance Selected Measures HEDIS Elder Care
DM AUDIT LIPID PROFILE TAX	All Lipid Profile (Panel) Lab Tests	Lipid Profile, Lipid Panel	Diabetes: Lipids Assessment CVD and Cholesterol Screening	National GPRA/ GPRA Performance Selected Measures Elder Care
DM AUDIT MICRO-ALBUMINURIA TAX	All Microalbuminuria Lab Tests	Microalbuminuria Micral Microalbuminuria, Urine A/C Ratio AC Ratio ACR Microalbumin/Creatinine Ratio Microalbumin Random	Diabetes: Nephropathy Assessment Diabetes Comprehensive Care Comprehensive Diabetes Care (HEDIS) Prediabetes/Metabolic Syndrome	National GPRA/ GPRA Performance Selected Measures HEDIS Elder Care
DM AUDIT TRIGLYCERIDE TAX	All Triglyceride Lab Tests – NOTE: do not include Lipid Panels	Triglyceride	Diabetes: Lipids Assessment Prediabetes/Metabolic Syndrome	National GPRA/ GPRA Performance Selected Measures Elder Care
DM AUDIT URINE PROTEIN TAX	All Urine Protein Lab Tests	Urine Protein, Urine Protein Screen	Diabetes: Nephropathy Assessment Diabetes Comprehensive Care Comprehensive Diabetes Care (HEDIS) Prediabetes/Metabolic Syndrome	National GPRA/ GPRA Performance Selected Measures HEDIS Elder Care

4.3.2.2 Site-Populated Drug Taxonomies

All of the taxonomies below that begin with “BGP” will be pre-populated by the CRS software, as indicated in the “Drugs” column below. However, you should compare the indicated list of drugs with the drugs CRS actually found in your site’s drug file and pre-populated since there may be drugs that CRS could not locate and which

should be included in your site-populated taxonomy. In which case, you can add them by editing your site-populated drug taxonomy.

There is one new drug taxonomy for CRS Version 6.0, which is shown in bold in the table below.

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP ANTI-DEPRESSANT MEDS	Contains all antidepressant medications used in CRS	Pre-populated by VA Drug Class codes: <ul style="list-style-type: none"> - CN600 Antidepressants - CN601 Tricyclic antidepressants - CN602 Monoamine Oxidase Inhibitor antidepressants - CN609 Other antidepressants Tricyclic antidepressants (TCA) and other cyclic antidepressants, Selective serotonin reuptake inhibitors (SSRI), Monoamine oxidase inhibitors (MAOI), Serotonin-norepinephrine reuptake inhibitors (SNRI), and other antidepressants.)	Antidepressant Medication Management	Selected Measures HEDIS
BGP ASTHMA CONTROLLERS	All asthma controller medications used in CRS	Pre-populated by NDC Cromolyn Sodium, Intal, Necdromil (Tilade), Zafirlukast (Accolate), Montelukast (Singulair), Theophylline	Asthma Quality of Care Use of Appropriate Medications for People with Asthma (HEDIS)	Selected Measures HEDIS
BGP ASTHMA INHALED STEROIDS	All asthma inhaled steroid medications used in CRS	Pre-populated by NDC Beclovent, Qvar, Vancenase, Vanceril, Vanceril DS, Bitolerol (Tornalate), Pulmicort, Pulmicort Respules, Pulmicort Turbohaler, Salmeterol/fluticasone (Advair), Triamcinolone (Azmecort), Fluticasone (Flovent)	Asthma Quality of Care Use of Appropriate Medications for People with Asthma (HEDIS)	Selected Measures HEDIS
BGP ASTHMA LEUKOTRIENE	All leukotriene medications used in CRS	Pre-populated by NDC Zafirlukast (Accolate), Montelukast (Singulair)	Asthma Quality of Care Use of Appropriate Medications for People with Asthma (HEDIS)	Selected Measures HEDIS

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP CMS ACEI MEDS	All angiotensin converting enzyme (ACE) inhibitor medications used in CRS CMS measures	Pre-populated by VA Drug Class code CV800. See list of drugs listed after this table below.	Heart Attack (AMI) Treatment Heart Failure	CMS
BGP CMS ANTIBIOTIC MEDS	All antibiotic medications used in CRS CMS measures	Pre-populated by VA Drug Class codes: - AM050 - AM054 - AM100 - AM104 - AM111 – AM112 - AM130, - AM150 - AM200 - AM250 - AM300 - AM350 - AM500 - AM650 - AM900 See list of drugs listed after this table below.	Pneumonia	CMS
BGP CMS BETA BLOCKER MEDS	All beta-blocker medications used in CRS CMS measures	Pre-populated by VA Drug Class CV100 and NDC. See list of drugs listed after this table below.	Beta-Blocker Treatment After a Heart Attack (CRS and HEDIS) Persistence of Beta-Blocker Treatment After a Heart Attack (CRS and HEDIS) Heart Attack (AMI) Treatment (CMS)	Selected Measures CMS HEDIS
BGP CMS WARFARIN MEDS	All Warfarin (blood thinner) medications used in CRS CMS measures	Pre-populated with all drug names containing “Warfarin”. Anisindione, Barr Warfarin Sodium, Coumadin, Dicumarol, Jantoven, Liquamar, Marevam, Miradon, Panwarfin, Warfarin	Heart Attack (AMI) Treatment (CMS)	CMS
BGP HEDIS OSTEOPOROSIS MEDS	All osteoporosis medications used in CRS	Pre-populated by NDC Alendronate, Calcitonin, Cenestin, Estradiol, Estratest, Estropipate, Menest, Premphase, Premarin, Prempro, Raloxifene, Risendronate, Teriperatide,	Osteoporosis Management	Selected Measures HEDIS
DM AUDIT ASPIRIN DRUGS	All aspirin medications	Any Aspirin / ASA product used for antiplatelet therapy, Aspirin & Dipyridamone (Aggrenox)	Heart Attack (AMI) Treatment (CMS)	CMS

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
DM ANTI-PLATELET DRUGS	All anti-platelet medications used in CRS CMS measures	Aspirin & Dipyridamole (Aggrenox), Cilostazol (Pletal), Clopidogrel (Plavix), Dipyridamole (Persantine), Heparin, Ticlopidine (Ticlid), Warfarin (Coumadin)	Heart Attack (AMI) Treatment (CMS)	CMS

BGP CMS ACEI MEDS			
Accupril	Captopril/ hydrochlorothiazide	Mavik	Quinapril/hydrochlorothiazide
Accuretic	Enalapril	Moexipril	Ramipril
Aceon	Enalapril Maleate/diltiazem	Moexipril Hydrochloride	Tarka
Altace	Enalapril Maleate/ hydrochlorothiazide	Moexipril Hydrochloride/ hydrochlorothiazide	Teczem
Benazepril	Enalapril/diltiazem	Moexipril/ hydrochlorothiazide	Trandolapril
Benazepril Hydrochloride	Enalapril/felodipine	Monopril	Trandolapril/verapamil
Benazepril/amlodipine	Enalapril/ hydrochlorothiazide	Monopril HCT	Trandolapril/verapamil hydrochloride
Benazepril/ hydrochlorothiazide	Enalaprilat	Monopril HCT 10/12.5	Uniretic
Capoten	Fosinopril	Perindopril	Univasc
Capozide	Fosinopril Sodium/ hydrochlorothiazide	Perindopril erbumine	Vaseretic
Capozide 25/15	Lexxel	Prinivil	Vasotec
Capozide 25/25	Lisinopril	Prinzide	Zestoretic
Capozide 50/15	Lisinopril/hydrochlorothiazide	Quinapril	Zestril
Capozide 50/25	Lotensin	Quinapril HC1	
Captopril	Lotensin HCT	Quinapril HC1/HCT	
Captopril HCT	Lotrel	Quinapril Hydrochloride/hydrochlorothiazide	

BGP CMS ANTIBIOTIC MEDS			
Abacavir	Azactam	Cefobid	Cleocin HCL
Abacavir Sulfate	Azithromax	Cefonicid	Cleocin Phosphate
Achromycin	Azithromycin	Cefonicid Sodium	Clindamycin
Achromycin V	Aztreonam	Cefoperazone	Clindamycin Hydrochloride
Acyclovir	Bacampicillin	Cefoperazone Sodium	Clindamycin Phosphate
Acyclovir Sodium	Bacampicillin Hydrochloride	Cefotan	Cloxacillin
Adoxa	Bacitracin	Cefotaxime	Cloxacillin Sodium
Agenerase	Baci-IM	Cefotaxime Sodium	Cloxapen
Alatrofloxacin	Bactocill	Cefotetan	Combivir
Alatrofloxacin Mesylate	Bactrim	Cefotetan Disodium	Co-Trimoxazone
Amantadine	Bactrim DS	Cefoxitin	Cotrim
Amantadine Hydrochloride	Beepen-VK	Cefoxitin Sodium	Cotrim DS
Ambisome	Benzylpenicillin	Cefpodoxime	Crystapen
Amficot	Biaxin	Cefpodoxime Proxetil	Cytovene
Amikacin	Biaxin XL	Cefprozil	Dapsone
Amikacin Sulfate	Bicillin-C-R	Ceftazidime	Declomycin
Amikin	Bicillin L-A	Ceftazidime Sodium	Demeclocycline
Amoxicillin	Biocef	Ceftibuten	Dicloxacillin
Amoxicillin/Clavulanate Potassium	Biomox	Ceftin	Dicloxacillin Sodium
Amoxicillin Trihydrate	C-Lexin	Ceftizoxime	Diflucan
Amoxil	Carbenicillin	Ceftizoxime Sodium	Dirithromycin
Amoxillin	Carbenicillin Indanyl Sodium	Ceftriaxone	Doryx
Amphocin	Ceclor	Ceftriaxone Sodium	DoxyCaps
Amphotec	Ceclor CD	Cefuroxime	Doxycycline
Amphotericin-B	Ceclor Pulvules	Cefuroxime Axetil	Doxycycline Calcium
Ampicillin	Cedax	Cefuroxime Sodium	Doxycycline Hyclate
Ampicillin (Anhydrous)	Cefaclor	Cefzil	Doxycycline Hydrochloride
Ampicillin-Probenecid	Cefaclor ER	Cephalexin	Doxycycline Monohydrate
Ampicillin Sodium	Cefadroxil	Cephalexin Hydrochloride	Duricef
Ampicillin-Sulbactam	Cefadroxil Monohydrate	Cephalexin Monohydrate	Dycill
Ampicillin Trihydrate	Cefadyl	Cephalothin	Dynabac
Ampicin	Cefamandole	Cephalothin Sodium	Dynacin
Amprenavir	Cefamandole Nafate	Cephapirin	Dynapen
Ancef	Cefanex	Cephapirin Sodium	E-Mycin
Anspor	Cefazolin	Cephradine	Ed A-Ceph
Antibiotic Not Otherwise Specified (NOS)	Cefazolin Sodium	Cephradine Sodium	EES
Apo-Ampi	Cefdinir	Ceptaz	E.E.S.
Apo-Sulfatrim	Cefditoren	Chloroquine	Ertapenem
Aralen HCL	Cefditoren Pivoxil	Ciloxan	Ertapenem Sodium
Aralen Phosphate	Cefepime	Cipro	ERYC
Atovaquone	Cefepime Hydrochloride	Ciprofloxacin	EryPed
Augmentin	Cefixime	Ciprofloxacin Hydrochloride	Erytab
Augmentin XR	Cefizox	Claforan	Erythrocine
Avelox	Cefmetazole	Clarithromycin	Erythromycin
Avlosulfon	Cefmetazole Sodium	Cleocin	Erythromycin Base

BGP CMS ANTIBIOTIC MEDS (CONT'D)			
Erythromycin Estolate	Ketoconazole	Nalidixic Acid	Permapen
Erythromycin Ethylsuccinate	Lariam	Nallpen	Pfizerpen
Erythromycin Lactobionate	Ledercillin VK	Nebcin	Piperacillin
Erythromycin Stearate	Levaquin	Neggram	Piperacillin Sodium
Erythromycin/Sulfisoxazole	Levofloxacin	Neo-fradin	Piperacillin-Tazobactam
Factive	Lincocin	Neomycin	Pipracil
Famciclovir	Lincomycin	Neomycin Sulfate	Plaquenil
Famvir	Linezolid	Neo-Tabs	Plaquenil Sulfate
Flagyl	Lomefloxacin	Nilstat	Polycillin
Floxin	Lomefloxacin Hydrochloride	Nitrofurantoin	Polycillin-PRB
Fluconazole	Lorabid	Nizoral	Polymox
Fortaz	Lorabid Pulvules	Norfloxacin	Polymyxin
Furadantin	Loracarbef	Noroxin	Primaxin
Furalan	Lyphocin	Novo Ampicillin	Principen
Furatoin	Macrobid	Novodoxylin	Proloprim
G-Mycin	Macroclintin	Nu-Ampi	Prostaphlin
Ganciclovir	Mandol	Nystatin	Protostat
Ganciclovir Sodium	Marcillin	Ofloxacin	Quinupristin/Dalfopristin
Gantanol	Maxaquin	Omnicef	Raxar
Gantrisin	Maxipime	Omnipen	Relenza
Garamycin	Mefloquine	Omnipen-N	Retrovir
Gatifloxacin	Mefloquine Hydrochloride	Oseltamivir	Rifadin
Gemifloxacin	Mefoxin	Oseltamivir Phosphate	Rifampin
Gentamicin	Meropenem	Oxacillin	Rimactane
Gentamicin Sulfate	Mepron	Oxacillin Sodium	Robicillin VK
Gentamicin Sulfate Sodium Chloride	Merrem	Oxytetracycline	Robimycin
Genticin	Methicillin	Panmycin	Rocephin
Geocillin	Methicillin Sodium	Pathocil	Sepra
Grepafloxacin	Metizol	PC Pen VK	Sepra DS
HIVID	Metronidazole	PCE	SMZ-TMP
Hydroxychloroquine	Mezlin	Pediamycin	Sparfloxacin
Ilosone	Mezlocillin	Pediazole	Spectrobid
Ilotycin	Mezlocillin Sodium	Pefloxacin	Spectracef
Imipenem	Minocin	Pen Vee K	Staphcillin
Imipenem-Cilastatin	Minocycline	Pen-V	Stavudine
Invanz	Minocycline HCL	Penbritin	Streptograminis
Kanamycin	Monocid	Penicillin	Streptomycin
Kantrex	Monodox	Penicillin G	Streptomycin Sulfate
Keflet	Moxifloxacin	Penicillin G Benzathine	Sulfamethoxazole
Keflex	Moxifloxacin Hydrochloride	Penicillin G Potassium	Sulfamethoxazole Trimethoprim
Keflin	Mycifradin	Penicillin G Procaine	Sulfatrim
Keftab	Mycostatin	Penicillin G Sodium	Sulfisoxazole
Kefurox	Nafcil	Penicillin V	Sulfisoxazole/Erythromycin Ethylsuccinate
Kefzol	Nafcillin	Penicillin V Potassium	Sumycin
Ketek	Nafcillin Sodium	Periostat	Suprax

BGP CMS ANTIBIOTIC MEDS (CONT'D)			
Symmetrel	Vantin		
Synercid	Vectrin		
TAO	Veetids		
Tamiflu	Velosef		
Tamivir	VFEND		
Tazicef	Vibramycin		
Tazidime	Vibra-Tabs		
TCN	Voriconazole		
TEC-PAQ	Wycillin		
Tegopen	Wymox		
Telithromycin	ZDV+3TC		
Tequin	Z-pak		
Terramycin	Zagam		
Tetracycline	Zalcitabine		
Tetracycline Hydrochloride	Zanamivir		
Ticar	Zefazone		
Ticarcillin	Zerit		
Ticarcillin-Clavulanate	Ziagen		
Ticarcillin Disodium	Zidovudine		
Timentin	Zinacef		
Tobi	Zithromax		
Tobra	Zithromax TRI-PAK		
Tobramycin	Zolicef		
Tobramycin Sulfate	Zosyn		
Totacillin	Zosyn Add-Vantage		
Totacillin-N	Zovirax		
Trimethoprim	Zyvox		
Trimox			
Trimpex			
Troleandomycin			
Trovafloracin			
Trovafloracin/Alatrofloracin			
Trovafloracin Mesylate			
Trovan			
Ultracef			
Unasyn			
Unipen			
Uroplus DS			
Uroplus SS			
V-Cillin K			
Vancocin			
Vancocin HCL			
Vancoled			
Vancomycin			
Vancomycin Hydrochloride			

BGP CMS BETA BLOCKER MEDS			
Acebutolol	Coreg	Metoprolol	Sotalol HC1
Atenolol	Corgard	Metoprolol/ hydrochlorothiazide	Tenoretic
Atenolol	Corzide 40/5	Metoprolol Tartrate/ hydrochlorothiazide	Tenormin
Atenolol/ chlorthalidone	Corzide 80/5	Nadolol	Tenormin I.V.
Betapace	Esmolol	Nadolol/bendroflumethiazide	Timolide
Betapace AF	Inderal	Normodyne	Timolol
Betaxolol	Inderal LA	Penbutolol	Timolol Maleate/ hydrochlorothiazide
Bisoprolol	Inderide	Pindolol	Timolol/ hydrochlorothiazide
Bisoprolol/fumarate	Inderide LA	Propranolol	Toprol
Bisoprolol/ hydrochlorothiazide	Kerlone	Propranolol HC1	Toprol-XL
Blocadren	Labetolol	Propranolol Hydrochloride	Trandate
Brevibloc	Levator	Propranolol/ hydrochlorothiazide	Trandate HCl
Carteolol	Lopressor	Sectral	Visken
Cartrol	Lopressor HCT	Sorine	Zebeta
Carvedilol	Lopressor/ hydrochlorothiazide	Sotalol	Ziac

4.3.3 Check for Taxonomies Needed for CRS (TC)

This menu option scans for missing taxonomies or those that have no entries. The instructions below explain how to check for taxonomies.

1. Type **CI06** at the “Select IHS Clinical Reporting System (CRS) Main Menu Option:” prompt located in the main IHS/RPMS Clinical Reporting System menu.

```

*****
**      IHS/RPMS CLINICAL REPORTING SYSTEM (CRS)      **
*****
                                Version 6.0

                                DEMO HOSPITAL

CI06  CRS 2006 ...
CI05  CRS 2005 ...
GP04  GPRA+ FY04 ...
GP03  GPRA+ FY03 ...
GP02  GPRA+ FY02 ...

Select IHS Clinical Reporting System (CRS) Main Menu Option: CI06 CRS 2006

```

Figure 4-6: Accessing the Taxonomy Check menu (step 1)

2. The CRS 2006 main menu displays (Figure 4-7). The AO Area Options menu option only displays for Area Office sites. Type **SET** at the “Select CRS 2006 Option:” prompt to display menu options to perform setup activities.

```

*****
**      IHS/RPMS CRS 2006      **
**    Clinical Reporting System    **
*****
          Version 6.0

          DEMO HOSPITAL

RPT    Reports ...
SET    System Setup ...
AO     Area Options ...

Select CRS 2006 Option: SET System Setup

```

Figure 4-7: Accessing the Taxonomy Check menu (step 2)

3. The Setup menu displays (Figure 4-8). **NOTE:** The SP Site Parameters menu option will only be displayed for users with security access for this functionality.

```

*****
**      IHS/RPMS CRS 2006      **
**          Setup Menu          **
*****
          Version 6.0

          DEMO HOSPITAL

SP      Site Parameters
TC      Taxonomy Check ...
TS      Taxonomy Setup ...

Select System Setup Option: TC Taxonomy Check

```

Figure 4-8: Accessing the Taxonomy Check menu (step 4)

4. Type TC at the “Select System Setup Option:” prompt at the Setup menu.
5. The Taxonomy Check menu is displayed. The taxonomy checks are segregated by report option, as shown in Figure 4-9. You should run the taxonomy check for each report your facility will run. If there are reports your facility will not run, then you do not need to run the taxonomy check for that report. For example, if your facility does not run the CMS or HEDIS reports, you could skip those taxonomy checks.

The steps for running the taxonomy check for all reports are the same and are described below.

```

*****
**   IHS/RPMS CRS 2006   **
** Taxonomy Check Menu **
*****
Version 6.0

DEMO HOSPITAL

NGTC Taxonomy Check-National GPRA/GPRA Performance Rpts
LRTC Taxonomy Check-Local CRS Reports
CMTC Taxonomy Check-CMS Report
ELTC Taxonomy Check-Elder Care Report
HETC Taxonomy Check-HEDIS Report

Select Taxonomy Check Option:

```

Figure 4-9: Taxonomy Check menu

6. At the “Select Taxonomy Check Option:” prompt, type the menu option of the taxonomy check you want to run, for example, NGTC.
7. A message will be displayed that gives the name of the report for which the taxonomies are being checked. At the “DEVICE:” and “Right Margin:” prompts, press the Enter key to display the information to the screen.
8. The system then checks to see if all taxonomies used in the report are present (Figure 4-10). The name of any taxonomy that is either missing or that has no members is displayed. The first time CRS 2006 Version 6.0 is used, expect to see a list of those taxonomies that are new to the 2006 software, because they will have no members.

You will need to run this option again when taxonomy setup has been completed to ensure that all taxonomies have entries.

9. Review the list of taxonomies that either need to be setup or populated. Section 4.3.4 lists the steps for setting up these taxonomies.

```

Checking for Taxonomies to support the National GPRA Report.
Please enter the device for printing.

DEVICE: HOME//   VT   Right Margin: 80//

Checking for Taxonomies to support the National GPRA Report...

In order for the National GPRA Report to find all necessary data, several
taxonomies must be established. The following taxonomies are missing or have
no entries:
A/C Ratio lab tests [DM AUDIT A/C RATIO TAX] has no entries
End of taxonomy check. PRESS ENTER:

```

Figure 4-10: Running a Taxonomy Check, step 8

NOTE: Many of the taxonomies used by CRS have already been established and populated, either by other RPMS applications (e.g., Diabetes Management) or by CRS 2005. However, these taxonomies should **all be reviewed** for completeness.

10. If your taxonomies have all been setup and populated, the message `All taxonomies are present` will appear on the screen. Press the Enter key at the “End of taxonomy check. Press Enter:” prompt to return to the Taxonomy Check menu.

4.3.4 Taxonomy Setup (TS)

NOTE: Users must have special security access to edit the site-populated taxonomies. Users without access may view a list of site-populated taxonomies and view tests and drugs contained within taxonomies; however, they may not edit the taxonomies.

Taxonomy Setup (TS) allows you to review, add to or edit members in the required taxonomies used in CRS. All taxonomies should be present after CRS 2006 is loaded, even if the taxonomy has no members yet.

NOTE: ALL taxonomies should be reviewed for completeness before running the first CRS report. Add new test names, but do not delete the old ones.

1. Type `CI06` at the “Select IHS Clinical Reporting System (CRS) Main Menu Option:” prompt located in the main IHS/RPMS Clinical Reporting System menu.

```

*****
**      IHS/RPMS CLINICAL REPORTING SYSTEM (CRS)      **
*****
                        Version 6.0

                        DEMO HOSPITAL

CI06  CRS 2006 ...
CI05  CRS 2005 ...
GP04  GPRA+ FY04 ...
GP03  GPRA+ FY03 ...
GP02  GPRA+ FY02 ...

Select IHS Clinical Reporting System (CRS) Main Menu Option: CI06 CRS 2006

```

Figure 4-11: Accessing the Taxonomy Setup menu (step 1)

2. The CRS 2006 main menu displays (Figure 4-12). The AO Area Options menu option only displays for Area Office sites. Type `SET` at the “Select CRS 2006 Option:” prompt to display menu options to perform setup activities.

```

*****
**      IHS/RPMS CRS 2006      **
**    Clinical Reporting System    **
*****
          Version 6.0

          DEMO HOSPITAL

RPT    Reports ...
SET    System Setup ...
AO     Area Options ...

Select CRS 2006 Option: SET System Setup

```

Figure 4-12: Accessing the Taxonomy Setup menu (step 2)

3. The Setup Menu displays (Figure 4-13). **NOTE:** The SP Site Parameters menu option will only be displayed for users with security access for this functionality.

```

*****
**      IHS/RPMS CRS 2006      **
**          Setup Menu          **
*****
          Version 6.0

          DEMO HOSPITAL

SP      Site Parameters
TC      Taxonomy Check ...
TS      Taxonomy Setup ...

Select System Setup Option: TS Taxonomy Setup

```

Figure 4-13: Accessing the Taxonomy Setup menu (step 4)

4. Type **TS** at the “Select System Setup Option:” prompt at the Setup menu.
5. The Taxonomy Setup menu is displayed (Figure 4-14). The taxonomy setup is segregated into four options, as shown in Figure 4-14. You should setup the taxonomies for each report your facility will run. If there are reports your facility will not run, then you do not need to setup taxonomies for that report. For example, if your facility does not run the CMS report, you could skip that setup option.

The steps for setting up taxonomies for each menu option are the same and are described below.

```

*****
**   IHS/RPMS CRS 2006   **
**   Taxonomy Setup Menu **
*****
Version 6.0

DEMO HOSPITAL

NGTS  Taxonomy Setup-National GPRA/GPRA Performance Rpts
CMTS  Taxonomy Setup-CMS Report
CRTS  Taxonomy Setup-All CRS Reports
VT     View All CRS Taxonomies

Select Taxonomy Setup Option:

```

Figure 4-14: Taxonomy Setup menu

6. At the “Select Taxonomy Setup Option:” prompt, type the menu option of the taxonomy setup option you want to run, for example, NGTS.
7. A list of the site-populated taxonomies is displayed for the report is displayed. In the figure below, the CRTS menu option was chosen, which displays taxonomies included in all CRS reports, and both lab and drug taxonomies is displayed, as shown in Figure 4-15 below.

```

2006 CRS TAXONOMY UPDATE      Sep 23, 2005 09:52:22      Page: 1 of 2
TAXONOMIES TO SUPPORT 2006 ALL CRS REPORTS REPORTING

1)  BGP ANTIDEPRESSANT MEDS      DRUGS      Anti-Depressant Drugs
2)  BGP ASTHMA CONTROLLERS      DRUGS      Asthma Controller Drugs
3)  BGP ASTHMA INHALED STEROIDS  DRUGS      Inhaled Corticosteroids Drugs
4)  BGP ASTHMA LEUKOTRIENE      DRUGS      Asthma Leukotriene Drugs
5)  BGP CD4 TAX                  LAB        CD4 Tests for HIV Quality of Ca
6)  BGP CHLAMYDIA TESTS TAX      LAB        Chlamydia Lab Tests.
7)  BGP CMS ABG TESTS           LAB        ABG Lab tests
8)  BGP CMS ACEI MEDS           DRUGS      Ace Inhibitor Drugs
9)  BGP CMS ANTIBIOTIC MEDS     DRUGS      Antibiotic Drugs
10) BGP CMS ARB MEDS            DRUGS      Contains ARB drugs.
11) BGP CMS BETA BLOCKER MEDS   DRUGS      Contains all Beta Blocker Drugs
12) BGP CMS WARFARIN MEDS       DRUGS      Contains Warfarin Drugs.
13) BGP GPRA ESTIMATED GFR TAX   LAB        Estimated GFR Lab Tests
14) BGP GPRA FOB TESTS          LAB        Fecal Occult Blood Lab Tests
15) BGP HEDIS OSTEOPOROSIS DRUGS DRUGS      Osteoporosis medications
16) BGP HIV TEST TAX            LAB        HIV Screening Lab Tests
+      Enter ?? for more actions                                >>>
S      Select Taxonomy to Edit      D      Display a Taxonomy
Select Action: +//

```

Figure 4-15: Site-populated Taxonomies List for All CRS Reports

In the second example below, the taxonomies for the National GPRA report are displayed, and you can see that only lab taxonomies are included for this report.

The steps for editing both lab and drug taxonomies are the same, as described below.

2006 CRS TAXONOMY UPDATE		Sep 23, 2005 09:54:40	Page:	1 of	1
TAXONOMIES TO SUPPORT 2006 NATIONAL GPRA REPORT REPORTING					
1)	BGP GPRA ESTIMATED GFR TAX	LAB	Estimated GFR Lab Tests		
2)	BGP GPRA FOB TESTS	LAB	Fecal Occult Blood Lab Tests		
3)	BGP HIV TEST TAX	LAB	HIV Screening Lab Tests		
4)	BGP PAP SMEAR TAX	LAB	Pap Smear Lab Tests		
5)	DM AUDIT A/C RATIO TAX	LAB	A/C Ratio lab tests		
6)	DM AUDIT CHOLESTEROL TAX	LAB	Cholesterol Lab Tests (Total Ch		
7)	DM AUDIT CREATININE TAX	LAB	Creatinine Lab Tests		
8)	DM AUDIT HDL TAX	LAB	HDL Lab Tests		
9)	DM AUDIT HGB A1C TAX	LAB	Hemoglobin A1C Lab Tests		
10)	DM AUDIT LDL CHOLESTEROL TAX	LAB	LDL Cholesterol Lab Tests		
11)	DM AUDIT LIPID PROFILE TAX	LAB	Lipid Profile Lab Test Panel		
12)	DM AUDIT MICROALBUMINURIA TAX	LAB	Microalbuminuria Lab Tests		
13)	DM AUDIT TRIGLYCERIDE TAX	LAB	Triglyceride Lab Tests		
14)	DM AUDIT URINE PROTEIN TAX	LAB	Urine Protein Lab Tests		
Enter ?? for more actions					>>>
S	Select Taxonomy to Edit	D	Display a Taxonomy		
Select Action: +//					

Figure 4-16: Site-populated Taxonomies List for National GPRA Report

8. **To display a taxonomy but not edit the taxonomy**, type **D** (Display a Taxonomy) at the “Select Action:” prompt.
9. Type the number of the taxonomy you want to display. In the example in Figure 4-17, item 14 (DM AUDIT URINE PROTEIN TAX) was entered.
10. The taxonomy and its associated members are displayed, as shown in Figure 4-17. To return to the taxonomy list, type **Q**.

CRS TAXONOMY UPDATE		Sep 23, 2005 10:24:38	Page:	1 of	1
Updating the DM AUDIT URINE PROTEIN TAX taxonomy					
1)	PROTEIN (URINE)				
2)	PROTEIN URINE (SO)				
Enter ?? for more actions					
A	Add Taxonomy Item	R	Remove an Item		
Select Action: +// Q Quit					

Figure 4-17: Displaying Taxonomies (step 10)

11. **To edit the members included in a taxonomy**, type **S** (Select Taxonomy to Edit) at the “Select Action:” prompt.
12. Type the number of the taxonomy you want to edit. In Figure 4-18, number 11 (DM AUDIT LIPID PROFILE TAX) was entered. There are no lab tests currently included in the taxonomy.
13. Type **A** (Add Taxonomy Item) at the “Select Action:” prompt.

```

CRS TAXONOMY UPDATE          Sep 23, 2005 10:30:41          Page:    0 of    0
Updating the DM AUDIT LIPID PROFILE TAX taxonomy

      Enter ?? for more actions
A      Add Taxonomy Item      R      Remove an Item
Select Action:+// A Add Taxonomy Item

```

Figure 4-18: Editing Taxonomies (step 13)

14. The first few characters of the lab test you want to add. For example, type LIP at the “Which Lab Test:” prompt. Several types of lab tests specific to your site display (Figure 4-19).

```

CRS TAXONOMY UPDATE          Sep 23, 2005 10:30:41          Page:    0 of    0
Updating the DM AUDIT LIPID PROFILE TAX taxonomy

      Enter ?? for more actions
A      Add Taxonomy Item      R      Remove an Item
Select Action:+// A Add Taxonomy Item

Which LAB Test: LIP
1  LIPASE
2  LIPID PANEL  V.LIPID PANEL
3  LIPID PANEL (SO)
4  LIPID PANEL + GLUCOSE  LP + 1AC
5  LIPID PANEL W/ LDL-D
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5:

```

Figure 4-19: Adding Items to a Lab Test Taxonomy (step 14)

15. Type the number of the test you want to add at the “Which Lab Test:” prompt. The test you added is now displayed as part of the taxonomy.
16. Repeat steps 13 – 15 to add more lab tests. When all tests have been added to the taxonomy, press the Enter key when prompted for another lab test. You will be returned to the display screen.
17. If all tests are displayed correctly, type Q to quit and save that Taxonomy at the “Select Action:” prompt.

```

CRS TAXONOMY UPDATE          Sep 23, 2005 10:35:25          Page:    1 of    1
Updating the DM AUDIT LIPID PROFILE TAX taxonomy

1)  LIPID PANEL (SO)
2)  LP + 1AC
3)  LIPID PANEL W/ LDL-D

      Enter ?? for more actions
A      Add Taxonomy Item      R      Remove an Item
Select Action:+// Q Quit

```

Figure 4-20: Editing Taxonomies (steps 17-18)

18. At the screen displaying all taxonomies, press Q to quit at the “Select Action:” prompt.

19. Once you are finished adding, editing, or removing taxonomy members from ALL taxonomies, select the application taxonomy check to perform the final check for taxonomies needed for CRS for this report.

NOTE: You must include ALL test names that have been used by your facility since 1999, even if these codes are currently inactive. Some measures search for tests as far back as 10 years.

Many sites designate inactive lab tests by adding one of the following characters at the beginning of the test name: “z,” “Z,” “xx,” “X,” or “*.” Search for these characters in your lab file.

4.3.5 Using QMan to Populate a Taxonomy

QMan is the RPMS query utility. QMan builds queries through a series of elements. The QMan User Manual provides detailed and easy-to-follow instructions for constructing queries. The Manual can be downloaded from the RPMS Web site: <http://www.ihs.gov/Cio/RPMS/index.cfm?module=home&option=documents>.

Note: You will need to work with your Site Manager or other information systems staff to use QMan to set up your taxonomies, because only the taxonomy “creator” (i.e., the person that installed the CRS 2006 software) can modify the taxonomy in QMan.

5.0 Reports and Patient Lists

The CRS Clinical Reporting System is a reporting tool that provides local facilities and Areas with a straightforward way to monitor their progress toward clinical performance goals. This chapter describes the different types and formats of reports and patient lists.

CRS accommodates both national (GPRA) reporting and local, customized performance tracking.

All reports review and calculate data for a minimum one year time period, i.e., searching patient records for data matching the numerator criteria for the entire year prior to the report end date selected by the user. A few measures review data for more than one year, such as Cancer Screening: Pap Smear, which looks for a Pap smear in past three years.

The National GPRA, GPRA Performance, Elder Care, and HEDIS Performance report data files can be exported to the Area and aggregated for an Area report.

5.1 Report Types

Several report options are included in CRS 2006. In addition to the pre-defined national GPRA report, users have many choices for “customizing” reports for local facility use by selecting different populations and/or specific measure topics. New for Version 6.0 are the Comprehensive National GPRA Patient List, Lab Taxonomy, and Medication Taxonomy reports.

Report options include:

National GPRA Reports

- National GPRA Report (GP) (without patient lists)
- Comprehensive National GPRA Patient List (CMP)
- National GPRA Report Patient List (LST)

Reports for Local Use

- Selected Measures w/Community Specified (COM)
- Selected Measures w/Patient Panel Population (PP)
- Selected Measures with All Communities (ALL)
- CMS Performance Report (CMS)

Other National Reports

- GPRA Performance Report (GPU) (National GPRA report with user-defined report parameters)
- Elder Care Report (ELD)

- HEDIS Performance Report (HED)

Taxonomy Reports

- Lab Taxonomy Report (TXL)
- Medication Taxonomy Report (TXM)

The following table demonstrates the population options available with each report type. **NOTE:** The two taxonomy reports are not listed below since they report on site-populated taxonomies only; not patients.

Population Options	National GPRA Reports			Local Reports				Other National Reports		
	GP	CMP	LST	COM	PP	ALL	CMS	GPU	ELD	HED
GPRA Community Taxonomy	X	X	X	X				X	X	X
Other Site-Populated Community Taxonomy	X ²	X	X	X				X	X	X
AI/AN Patients only	X	X	X	X		X		X	X	X
Non-AI/AN Patients				X		X		X	X	X
Both AI/AN and Non-AI/AN Patients				X		X		X	X	X
All RPMS patients (any community of residence)						X	X			
Patient panel (user specified list of patients)					X					
Patient List		X	X	X	X	X	X		X	X

5.1.1 National GPRA Report

The National GPRA report is the report sites will run when they are ready to submit their annual GPRA data to their respective Area Offices for 2006 GPRA reporting. It is also the report option used for quarterly GPRA reporting.

National reporting for clinical performance measures is accomplished with the National GPRA report. The National GPRA Report (GP) includes both measures (specific denominators and numerators) described in the current IHS Performance Plan to Congress, e.g., diabetic patients with controlled blood pressure (see section 5.2.1 for specific content) as well as other measures representing potential new GPRA

² Although users may change the community taxonomy to a non-GPRA taxonomy, the GPRA taxonomy must be used for submitting the quarterly reports to the Area Office.

measures and/or other strategic agency clinical focus, e.g., Comprehensive CVD-Related Assessment.

The population for the National GPRA report should include only patients with a community of residence that is listed in the site's "official" GPRA Community taxonomy. The Area GPRA Coordinators have defined the existing CHS catchment areas³ as the GPRA Community.⁴ The default Community Taxonomy should be defined in the Site Parameters file (see section 4.2).

The National GPRA report is pre-defined to include *only* the American Indian and Alaska Native (AI/AN) patient-type population, defined as Beneficiary 01 in the patient registration file.

The National GPRA report is required to be run *at least quarterly* to review progress toward meeting critical agency goals.

The National GPRA report can be exported to the Area Office by the site for aggregation into an Area-wide report. The National GPRA report will also create two delimited electronic files (.txt) with GPRA measure results designed to be used in Excel to set up graphs (see section 10.0 Working with Delimited Files). These files begin with "GPRANT1" and "GPRANT2".

Patient Lists can be run with this report (see section 5.1.9.1 for additional information).

5.1.2 Selected Measures Reports for Local Facility Use

The following reports are intended for local use by a facility for specific public health and/or performance improvement initiatives. Each report allows the user to select one or more performance measure topics and different populations. All Selected Measures reports include the option to run Patient Lists (see section 5.1.9.2).

- **Selected Measures with Community Specified (COM):** includes all denominators and numerators for any performance measure topics selected by the user. The report will display *both* Active Clinical and GPRA User Population denominators, in addition to any other measure-specific denominators, e.g., Active Adult Diabetic patients. For any selected topic, this report will display *all* numerators, including any breakdowns by gender and age where defined.

This report uses a Community Taxonomy to define the population. If this report is used to review and improve local data for national GPRA reporting, the user should select the site's "official" GPRA Community taxonomy (see

³ A catchment area includes patients registered within a particular service unit AND who reside in one of the communities assigned to the service unit.

⁴ The exception to this definition is Oklahoma City Area, which will inform its sites directly as to which communities to include.

discussion in National GPRA report above). Other Community taxonomies can also be specified for other local uses, such as comparing one community to another.

This report also provides an option for selecting different patient-type populations: American Indian and Alaska Native (AI/AN), non-AI/AN or both. For comparison to national reporting, American Indian and Alaska Native *only* must be selected.

- **Selected Measures with Patient Panel Population (PP):** includes all numerators, including any breakdowns by gender and age where defined, for any performance measure topics selected by the user. The report will display *only* one denominator, the number of patients in the user-defined patient panel.

The population for this report is defined by a user-specified list (panel) of patients and includes only those communities of which the patients are residents. See Appendix C: Creating a Patient Panel for detailed instructions.

- **Selected Measures with All Communities (ALL):** includes all denominators and numerators for any performance measure topics selected by the user. The report will display *both* Active Clinical and GPRA User Population denominators, in addition to any other measure-specific denominators, e.g., Active Adult Diabetic patients. For any selected topic, this report will display *all* numerators, including any breakdowns by gender and age where defined.

The population for this report is *any* patient in the database, regardless of the community of residence. This report also provides an option for selecting different patient-type populations: American Indian and Alaska Native (AI/AN), non-AI/AN or both.

5.1.3 CMS Performance Report

The CMS (Centers for Medicare & Medicaid Services) Performance report provides IHS hospitals with lists of patients and related RPMS data as a basis for chart review and further data abstraction to report CMS Hospital Quality Data for 10 required performance measures.

In January 2004, CMS began requiring hospitals to provide clinical performance data on 10 quality measures related to three serious medical conditions that result in hospitalization: heart attack (acute myocardial infarction), heart failure and pneumonia. Section 501(b) of the Medicare Drug Prescription and Modernization Act of 2003 (MMA) stipulates that eligible hospitals that do not submit their data to CMS using the 10 measure “starter” set will be subject to reduction in their FY2005 payment by 0.4%. For additional information on the CMS measures, visit:

<http://www.cms.hhs.gov/quality/hospital/>

The CMS Performance report is unlike any other report in CRS in that it does not include denominators and numerators and performance measure rates. It does contain lists of patients and all of the relevant information available in RPMS; however, it still requires the users to: (1) review the patients' charts to search for information that may be available only from the chart and which is not documented in RPMS, (2) to compile the information for CMS reporting, and (3) to transmit the report data to CMS. CRS does not provide an option for transmitting the data to CMS.

The CMS Performance report includes all patients who meet the measure criteria and does not provide the option to run the report for American Indian/Alaska Native patients only, nor does it provide the option to export the data to the Area Office.

5.1.4 GPRA Performance Report

The GPRA Performance report (GPU) includes the same performance measures included in the National GPRA report (see section 5.1.1). However, unlike the National GPRA report, users select ALL report parameters (i.e. report end date, report year, baseline year, patient population, and community taxonomy) for this report. For the report end date, users may select from pre-defined quarters, such as September 30, December 31, or users may enter any end date, such as November 14.

The GPRA Performance report can be exported to the Area Office by the site for aggregation into an Area-wide report.

Patient Lists for this report are run in the same manner as they are for the National GPRA report, as described in section 5.1.9.1.

5.1.5 Elder Care Report

This report contains quality of care measures for patients 55 and older, including those related to diabetes prevalence and management, dental access, cancer screening, tobacco use, immunizations, cardiovascular disease, intimate partner violence, depression, and osteoporosis. A new measure, rate of functional status assessment, is unique to this report. Performance measures are also reported by age ranges 55-64, 65-74, 75-84, and 85 and older to facilitate detailed analysis and comparisons. The intent of this report is to provide a tool with which to focus on the quality of care provided to older patients.

The Elder Care report provides an option for selecting different patient-type populations: American Indian and Alaska Native (AI/AN), non-AI/AN or both, and can be exported to the Area Office by the site for aggregation into an Area-wide Elder Care report.

Patient Lists for this report may be run (see section 5.1.9.5).

5.1.6 HEDIS Performance Report

As discussed in Section 3.1.3 Comparing Ourselves to National Guidelines, IHS uses HEDIS[®] as a source for defining clinical performance measures. The HEDIS report contains only HEDIS measures and is intended for use by sites interested in seeking NCQA certification. CRS Version 6.0 includes 18 HEDIS measures from the “Effectiveness of Care” performance section; the remaining measures that can be derived from RPMS will be included in the future versions of the CRS software.

The population for the HEDIS report is based on the specific Community Taxonomy specified by the user. For formal HEDIS reporting, it is recommended that the site’s “official” GPRA Community taxonomy be used (see discussion in National GPRA report above) as it most closely matches the HEDIS definition of “continuously enrolled members.” Sites may also want to use the HEDIS report for local purposes with other Community taxonomies; for example, a site could run separate reports for individual communities to compare performance.

Some HEDIS measures may be defined slightly differently than for GPRA, e.g., female patients ages 52 through 69 (not 64) with mammograms documented in past two years.

The HEDIS report provides an option for selecting different patient-type populations: American Indian and Alaska Native (AI/AN), non-AI/AN or both and can be exported to the Area Office by the site for aggregation into an Area-wide HEDIS report.

Patient Lists for this report may be run (see section 5.1.9.5).

5.1.7 Lab Taxonomy Report

Unlike all of the reports described above, this report contains information on site-populated lab taxonomies and does not report on any patients. It lists all of the lab taxonomies included in the National GPRA, other CRS reports, and the CMS report. Within each taxonomy, it lists all of the lab tests that have been assigned to the taxonomy by the facility. Only a printed version of this report is available.

5.1.8 Medication Taxonomy Report

As with the Lab Taxonomy report, this report contains information on site-populated lab taxonomies and does not report on any patients. It lists all of the medication taxonomies included in the National GPRA, other CRS reports, and the CMS report. Within each taxonomy, it lists all of the medications that have been assigned to the taxonomy by the facility. Only a printed version of this report is available.

5.1.9 Patient Lists

5.1.9.1 National GPRA Report Patient Lists

Patient Lists are available for performance measures included in the National GPRA report (GP menu option) and the GPRA Performance report (GPU menu option), and users may choose whether to display patients meeting or not meeting a measure, such as a list of patients with or without mammograms. For some measures, more patient lists options are available, such as those for the Diabetes: Glycemic Control topic:

- List of diabetic patients with a documented HbA1c.
- List of diabetic patients without a documented HbA1c.
- List of diabetic patients with poor glycemic control (HbA1c > 9.5).
- List of diabetic patients with ideal glycemic control (HbA1c < 7).

Patient list options include a random list (10% of the total list), a list by designated primary care provider, and the entire patient list.

See section 5.2.2 for the patient list content. See section 6.4 for a detailed description of how to produce patient lists for measures included in the National GPRA and GPRA Performance reports.

5.1.9.2 Comprehensive National GPRA Patient List

Added in CRS Version 6.0, this patient list option displays all of the patients included in the National GPRA/GPRA Performance report and lists all of the measures the patient did not meet. See section 5.2.2 for a list of the measures included in this report.

Patient list options include a random list (10% of the total list), a list by designated primary care provider, and the entire patient list of patients and the measure(s) they did not meet. See section 6.4 for a detailed description of how to produce this patient list.

5.1.9.3 Selected Measures Report Patient Lists

Patient Lists for individual performance measures are available with any Selected Measures report (COM, PP or ALL menu options) and display patients who meet the numerator(s), denominator(s) or both, depending on the measure. See section 5.2.7 for a detailed list of the patient list content for each indicator.

Patient list options include a random list (10% of the total list), a list by designated primary care provider, and the entire patient list. Users select which measures they want to run patient lists for after they have selected the measures to report on. See section 6.6 for a detailed description of how to produce the Selected Measures reports with patient lists.

5.1.9.4 CMS Performance Report Patient Lists

The CMS Performance report automatically provides lists of patients and related RPMS data as a basis for chart review and further data abstraction to report to CMS for 10 CMS quality measures. Because of the nature of this report, these patient lists are formatted differently than the other CRS patient lists and users are not given the option to run a random list or list by designated provider.

See section 6.6.4 for a description of how to run the CMS Performance report.

5.1.9.5 Elder Care and HEDIS Reports Patient Lists

Patient Lists are available for individual measures included in the Elder Care and HEDIS reports and display patients who meet the numerator(s), denominator(s) or both, depending on the measure. See sections 5.2.10 and 5.2.12 for a detailed list of the patient list content for each performance measure in these reports.

Patient list options include a random list (10% of the total list), a list by designated primary care provider, and the entire patient list. Users select which measures they want to run patient lists for after they have selected the measures to report on. See sections 6.8 and 6.9 for a detailed description of how to produce the Elder Care and HEDIS reports with patient lists.

5.2 Report Content

5.2.1 National GPRA and GPRA Performance Reports

Content of the National GPRA and GPRA Performance reports is exactly the same and is defined in the following table. Performance measures included in the current GPRA Performance Plan to Congress (i.e., GPRA measures) are shown in bold.

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Diabetes Prevalence	User Population, broken down by gender and age groups.	1) Diabetes diagnosis ever 2) Diabetes diagnosis during prior year
Diabetes (DM): Glycemic Control	Active Diabetic patients	1) With Hemoglobin A1c, any value 2) With Poor control 3) With Ideal control
DM: Blood Pressure Control	Active Diabetic patients	1) With BP assessed 2) With Controlled BP
DM: Lipids Assessment	Active Diabetic patients	1) With LDL, any value 2) With LDL <= 100.
DM: Nephropathy Assessment	Active Diabetic patients	1) With positive urine/any micro-albuminuria 2) With Estimated GFR 3) With both positive urine/any microalbuminuria AND Estimated GFR
DM: Retinopathy	Active Diabetic patients	1) With diabetic retinopathy exam (broadly defined)
Access to Dental Services	User population	1) With documented dental exam or refusal
Dental Sealants	No denominator. This measure is a total count only, not a percentage.	Total number of dental sealants provided
Topical Fluoride	No denominator. This measure is a total count only, not a percentage.	1) Total number of topical fluoride applications 2) Total number of patients with at least one topical fluoride application
Adult IZ: Influenza	1) Active Clinical patients 65 and older 2) Active Diabetic patients	1) With influenza vaccination or refusal 2) With refusal in past year
Adult IZ: Pneumovax	1) Active Clinical patients 65 and older 2) Active Diabetic patients	1) With pneumovax ever or refusal in past year 2) With refusal in past year
Childhood IZ	1) Active Clinical patients 19 – 35 months 2) Active Immunization Package patients 19 – 35 months	1) With 4:3:1:3:3 combo (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B) 2) With 4 doses of DTaP 3) With 3 doses of Polio 4) With 1 doses of MMR 5) With 3 doses of HiB 6) With 3 doses of Hepatitis B
Cancer Screening: Pap Smear Rates	Female Active Clinical patients ages 21 through 64	1) With documented pap smear in past 3 years or refusal in past year 2) With refusal in past year
Cancer Screening: Mammogram Rates	Female Active Clinical patients ages 50 through 64	1) With documented mammogram in past 2 years or refusal in past year

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Colorectal Cancer	Active Clinical patients 51-80	1) With CRC screening (time period dependent upon type of CRC screening) or refusal in past year A) With refusal in past year
Tobacco Use Assessment	Active Clinical patients ages 5 and older	1) Screened for tobacco use 2) Tobacco users A) Smokers B) Smokeless 3) Exposed to environmental tobacco smoke (ETS)
Tobacco Cessation	Active Clinical patients identified as current tobacco users prior to the Report Period, broken down by age and gender groups	1) With tobacco cessation counseling or refusal 2) Quit tobacco use
FAS Prevention	Female Active Clinical patients ages 15 through 44	1) With documented alcohol screening or refusal
IPV/DV Screening	Female Active Clinical patients ages 15 through 40	1) With documented IPV/DV screen or refusal
Depression Screening	1) Active Diabetic patients, broken down by gender. 2) Active Clinical patients ages 18+, broken down by gender.	1) With depression screening or refusal or diagnosed with mood disorder A) With depression screening B) With mood disorder diagnosis C) With refusal
Obesity Assessment (BMI)	Active Clinical patients ages 2 through 74, broken down by age groups	1) With BMI calculated A) With BMI and assessed as overweight B) With BMI and assessed as obese C) Total of overweight and obese D) With refusal in past year
Childhood Weight Control	Active Clinical patients ages 2-5 with BMI, broken down by age and gender groups	1) With BMI 85-94% 2) With BMI 95% and up 3) With BMI >85%
Cardiovascular Disease and Cholesterol Screening	Active Clinical patients ages 23+	1) With documented cholesterol screening in past 5 years
Comprehensive CVD-Related Assessment	Active Clinical patients ages 46 and older who are not diabetic	1) With BP documented in past 2 years 2) With LDL done in 5 years 3) With tobacco screening 4) With BMI or refusal 5) With lifestyle education 6) With depression screening 7) With all assessments
Prenatal HIV Testing	Pregnant female patients with no documented miscarriage or abortion or HIV diagnosis	1) With HIV test in past 20 months A) With refusal in past year

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Public Health Nursing	No denominator. This measure is a total count only, not a percentage.	1) Number of visits by PHNs in any setting A) Ages 0-28 days B) Ages 29 days to 12 months C) Ages 1-64 years D) Ages 65+ E) PHN driver/interpreter 2) Number of visits by PHNs in Home setting A) Ages 0-28 days B) Ages 29 days to 12 months C) Ages 1-64 years D) Ages 65+ E) PHN driver/interpreter

5.2.2 Comprehensive National GPRA Patient List

The table below shows the National GPRA performance measures that are applicable to each patient and which will be included in this report. Performance measures that are counts and not rates, such as Dental Sealants and PHN, are not included in this report. In addition, measures that report on patients with documented health issues, such as Poor Glycemic Control, are also not included in this report. Performance measures included in the current GPRA Performance Plan to Congress (i.e., GPRA measures) are shown in bold.

Performance Measure Topic	Performance Measure	Abbreviation for Patient List, "Measures Not Met" Column
Diabetes (DM): Glycemic Control	Documented HbA1c	DM Doc. HbA1c
	Ideal Glycemic Control	DM Ideal Control
DM: Blood Pressure Control	BP Assessed	DM BP Doc
	Controlled BP	DM Contr BP
DM: LDL Assessment	LDL Assessed	DM LDL Doc
DM: Nephropathy Assessment	Nephropathy Assessed	DM Nephropathy
DM: Retinopathy	Retinopathy Assessed	DM Retinopathy
DM: Influenza IZ	Documented Influenza Immunization	DM Influenza IZ
DM: Pneumovax	Documented Pneumovax Immunization	DM Pneumovax IZ
Access to Dental Services	Documented Dental Visit	Dental Visit
Adult Immunizations: Influenza	Documented Influenza Immunization	Influenza IZ
Adult Immunizations: Pneumovax	Documented Pneumovax Ever	Pneumovax IZ

Performance Measure Topic	Performance Measure	Abbreviation for Patient List, “Measures Not Met” Column
Childhood Immunizations	Active Clinical Patients With All Documented Childhood Immunizations	AC Child IZ
	Active Immunization Package Patients With All Documented Childhood Immunizations	IMM Pkg Child IZ
Cancer Screening: Pap Smear Rates	Documented Pap Smear or Refusal	Pap Smear
Cancer Screening: Mammogram Rates	Documented Mammogram or Refusal	Mammogram
Colorectal Cancer Screening	Documented CRC Screening or Refusal	CRC Scrn
Tobacco Use and Exposure Assessment	Documented Tobacco Screening	Tobacco Scrn
Tobacco Cessation	Documented Tobacco Cessation Counseling or Refusal	Tobacco Cess
Alcohol Screening (FAS Prevention)	Documented Alcohol Screening	Alcohol Scrn
Intimate Partner (Domestic) Violence Screening	Documented IPV/DV Screening	IPV/DV Scrn
Depression Screening	Documented Depression Screening/Mood Disorder DX (Diabetic Patients Only)	DM Depr Scrn
	Documented Depression Screening/Mood Disorder DX (Active Clinical 18+ Patients Only)	AC Depr Scrn
Obesity Assessment	Documented BMI	BMI
Cardiovascular Disease and Cholesterol Screening	Documented Cholesterol Screening	Cholesterol Scrn
Comprehensive CVD-Related Assessment	All Documented CVD Assessments	All CVD Assessments
Prenatal HIV Testing	Documented HIV Test or Refusal	HIV Test

5.2.3 National GPRA and GPRA Performance Reports Patient Lists

The table below shows the National GPRA and GPRA Performance reports' performance measure topics, their associated met/not met measures, and the content of the patient lists.

Note: Not every performance measure topic will have a Met and Not Met patient list option. For example, for patients assessed as obese, users may only print a patient list containing patients meeting the measure.

National GPRA Report Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Diabetes Prevalence	Diabetes DX Ever	List of patients ever diagnosed with diabetes.
Diabetes (DM): Glycemic Control	Documented HbA1c	List of diabetic patients with a documented HbA1c.
	No Documented HbA1c	List of diabetic patients <u>without</u> a documented HbA1c.
	Poor Glycemic Control	List of diabetic patients with poor glycemic control (HbA1c than (>) 9.5).
	Ideal Glycemic Control	List of diabetic patients with ideal glycemic control (HbA1c less than (<) 7).
DM: Blood Pressure Control	BP Assessed	List of diabetic patients who had their BP assessed.
	BP Not Assessed	List of diabetic patients who did <u>not</u> have their BP assessed.
	Controlled BP	List of diabetic patients with controlled BP, defined as <130/80.
	Uncontrolled BP	List of diabetic patients with uncontrolled BP, defined as >130/80.
DM: LDL Assessment	LDL Assessed	List of diabetic patients with LDL completed, regardless of result.
	LDL Not Assessed	List of diabetic patients <u>without</u> LDL completed.
DM: Nephropathy Assessment	Nephropathy Assessed	List of diabetic patients with positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result.
	Nephropathy Not Assessed	List of diabetic patients <u>without</u> positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result.
DM: Retinopathy	Retinopathy Assessed	List of diabetic patients who received any retinal screening or a documented refusal of a diabetic eye exam.
	Retinopathy Not Assessed	List of diabetic patients who <u>did not</u> receive any retinal screening or a documented refusal of a diabetic eye exam.
Access to Dental Services	Documented Dental Visit	List of patients with documented dental visit or refusal.
	No Documented Dental	List of patients <u>without</u> documented dental visit or

National GPRA Report Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
	Visit	refusal.
Dental Sealants	With Dental Sealants	List of patients who received dental sealants during Report period.
Topical Fluoride	With Topical Fluoride Application	List of patients who received at least one topical fluoride application during Report period.
Adult Immunizations: Influenza	Documented Influenza Immunization	List of patients ≥ 65 yrs or diabetic patients who received or refused an Influenza immunization.
	No Documented Influenza Immunization	List of patients ≥ 65 yrs or diabetic patients who did not receive or refuse an Influenza immunization.
Adult Immunizations: Pneumovax	Documented Pneumovax Ever	List of patients ≥ 65 yrs or diabetic patients with pneumovax immunization ever or refusal in past year.
	No Documented Pneumovax Ever	List of patients ≥ 65 yrs or diabetic patients without pneumovax immunization ever or refusal in past year.
Childhood Immunizations	Active Clinical Patients With All Documented Childhood Immunizations	List of Active Clinical patients 19-35 months who received the 4:3:1:3:3 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 HiB, 3 Hep B).
	Active Clinical Patients Without All Documented Childhood Immunizations	List of Active Clinical patients 19-35 months who <u>have not</u> received the 4:3:1:3:3 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 HiB, 3 Hep B). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP.
	Active Immunization Package Patients With All Documented Childhood Immunizations	List of Active Immunization Package patients 19-35 months who received the 4:3:1:3:3 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 HiB, 3 Hep B).
	Active Immunization Package Patients Without All Documented Childhood Immunizations	List of patients Active Immunization Package patients 19-35 months who <u>have not</u> received the 4:3:1:3:3 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 HiB, 3 Hep B). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP.
	Patients in Active Clinical denominator who are not in Active Immunization Package Patients denominator	List of patients 19-35 months who are in Active Clinical denominator but who are not in Active Immunization Package Patients denominator, with IZ, if any.
Cancer Screening: Pap Smear Rates	Documented Pap Smear or Refusal	List of female patients with a Pap Smear documented in the past 3 years or refusal in past year.
	No Documented Pap Smear or Refusal	List of female patients <u>without</u> a Pap Smear documented in the past 3 years or refusal in past year.
Cancer Screening: Mammogram Rates	Documented Mammogram or Refusal	List of female patients with a Mammogram documented in the past 2 years or refusal in past year.

National GPRA Report Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
	No Documented Mammogram or Refusal	List of female patients <u>without</u> a Mammogram documented in the past 2 years or refusal in past year.
Colorectal Cancer Screening	Documented CRC Screening or Refusal	List of patients 51-80 with CRC screening or refusal.
	No Documented CRC Screening or Refusal	List of patients 51-80 <u>without</u> CRC screening or refusal.
Tobacco Use and Exposure Assessment	Documented Tobacco Screening	List of patients with documented tobacco screening.
	No Documented Tobacco Screening	List of patients <u>without</u> documented tobacco screening.
	Documented Tobacco Screening and Assessed as Tobacco User	List of patients identified as current tobacco users, both smokers and smokeless users.
Tobacco Cessation	Tobacco Users w/cessation counseling or refusal	List of tobacco users with documented tobacco cessation counseling or refusal.
	Tobacco Users w/o documented cessation counseling/refusal	List of tobacco users <u>without</u> documented tobacco cessation counseling or refusal.
	List of tobacco users who quit tobacco use.	List of tobacco users who quit tobacco use.
Alcohol Screening (FAS Prevention)	Documented Alcohol Screening/Refusal	List of female patients with documented screening.
	No Documented Alcohol Screening/Refusal	List of female patients <u>without</u> documented screening.
Intimate Partner (Domestic) Violence Screening	Documented IPV/DV Screening	List of patients with documented IPV/DV screening or refusal.
	No Documented IPV/DV Screening	List of patients <u>without</u> documented IPV/DV screening or refusal.
Depression Screening	Documented Depression Screening (=>18 AC or Diabetic Pts)	List of Active Clinical patients =>18 or patients with diabetes screened for depression /diagnosed with mood disorder.
	No Documented Depression Screening (=>18 AC or Diabetic Pts)	List of Active Clinical patients =>18 or patients with diabetes not screened for depression/diagnosed with mood disorder.
Obesity Assessment	Documented Obesity Screening	List of patients with documented obesity screening.
	No Documented Obesity Screening	List of patients <u>without</u> documented obesity screening.
	Assessed as Obese	List of patients assessed as obese using BMI and standard tables.
Childhood Weight Control	List of patients ages 2-5 with BMI =>95%	List of patients ages 2-5 with BMI =>95% (i.e. overweight).

National GPRA Report Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
CVD and Cholesterol Screening	Documented Cholesterol Screening	List of patients screened in past 5 years.
	No Documented Cholesterol Screening	List of patients <u>not</u> screened in past 5 years.
Comprehensive CVD-Related Assessment	List of Active Clinical Pts =>46 w/no DM DX with all assessments	List of Active Clinical Pts =>46 w/no DM DX with all assessments
	List of Active Clinical Pts =>46 w/no DM DX w/o all assessments	List of Active Clinical Pts =>46 w/no DM DX <u>without</u> all assessments
Prenatal HIV Testing	Documented HIV Test or Refusal	List of pregnant patients with documented HIV test or refusal in past 20 months.
	No Documented HIV Test or Refusal	List of pregnant patients <u>without</u> documented HIV test or refusal in past 20 months.
Public Health Nursing	Documented PHN Visit(s) in Any Setting, including Home	List of patients with a PHN visit(s) in any setting, including Home.
	Documented PHN Visit(s) in Home Setting	List of patients with a PHN visit(s) in Home setting.

5.2.4 Selected Measures Report: Diabetes-Related

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Diabetes Prevalence	All denominators.	All numerators
Diabetes Comprehensive Care	Active Diabetic Patients	1) Patients with HbA1c, regardless of result 2) Patients with BP documented in past two years 3) Patients with LDL, regardless of result 4) Patients with positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result 5) Patients receiving any retinal screening or a documented refusal of a diabetic eye exam 6) Patients with HbA1c AND Blood Pressure AND LDL AND Nephropathy Assessment AND Retinal exam
Diabetes (DM): Glycemic Control	All denominators.	All numerators
DM: Blood Pressure Control	All denominators.	All numerators

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
DM: Lipids Assessment	All denominators.	All numerators
DM: Nephropathy Assessment	All denominators.	All numerators
DM: Retinopathy	All denominators.	All numerators
Diabetic Access to Dental Services	Active Diabetic patients	All numerators
Adult Immunizations: Influenza	Active Diabetic patients	All numerators
Adult Immunizations: Pneumococcal	Active Diabetic patients	All numerators
Depression Screening	Active Diabetic patients	All numerators
Nutrition and Exercise Education for At Risk Patients	Active Diabetic patients, broken down by gender and age groups	All numerators
Comprehensive CVD-Related Assessment	Active Diabetic patients ages 46 and older	All numerators

5.2.5 Selected Measures Report: CVD Prevention for At-Risk Patients

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Tobacco Assessment	1) Active Clinical patients ages 45 and older, broken down by gender	1) Patients who have been screened for tobacco use 2) Patients identified as current smokers
Depression Screening	Patients with ischemic heart disease and at least two IHD-related visits during the Report period, broken down by gender	All numerators
Obesity Assessment	1) Active Clinical patients ages 20-74 with BMI calculated, broken down by gender	Patients considered obese using BMI and standard tables
CVD and Cholesterol Screening	All denominators	All numerators
CVD and Blood Pressure Control	All denominators	All numerators

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Controlling High Blood Pressure	1) Active Clinical patients ages 46-85 diagnosed with hypertension, broken down by gender.	All numerators
Comprehensive CVD-Related Assessment	All denominators	All numerators
Beta-Blocker Treatment After a Heart Attack	All denominators	All numerators
Persistence of Beta-Blocker Treatment After a Heart Attack	All denominators	All numerators
Cholesterol Management After Acute Cardiovascular Event	All denominators	All numerators

5.2.6 Selected Measures Report: Women's Health Related

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Cancer Screening: Pap Smear Rates	All denominators	All numerators
Cancer Screening: Mammogram Rates	All denominators	All numerators
Colorectal Cancer Screening	Female Active Clinical patients age 51-80 without a documented history of colorectal cancer	All numerators
Tobacco Use	1) Female Active Clinical patients ages 5 and older, broken down by age 2) Pregnant patients 3) Female User Population patients ages 5 and older	All numerators
Alcohol Screening (FAS Prevention)	All denominators	All numerators
Intimate Partner/Domestic Violence Screening	All denominators	All numerators

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Depression Screening	1) Female Active Clinical =>18 2) Female Active Clinical =>65 3) Female User Population =>18 4) Female User Population =>65 5) Female Active Diabetic 6) Female IHD	All numerators
Obesity	1) Female Active Clinical patients ages 2-74, broken down by age 2) Female User Population patients ages 2-74	All numerators
CVD and Cholesterol Screening	Female Active Clinical patients ages 23+	All numerators
Controlling High Blood Pressure	1) Female Active Clinical patients ages 46 through 85 diagnosed with hypertension.	All numerators
Prenatal HIV Testing	All denominators	All numerators
Chlamydia Testing	All denominators	All numerators
Osteoporosis Management	All denominators	All numerators
Osteoporosis Screening in Women	All denominators	All numerators

5.2.7 Selected Measures Reports Patient Lists

Performance Measure Topic	Patient List
Diabetes Prevalence	List of diabetic patients with most recent diagnosis.
Diabetes Comprehensive Care	List of diabetic patients with documented tests, if any.
Diabetes: Glycemic Control	List of diabetic patients with most recent HbA1c value, if any.
Diabetes: Blood Pressure Control	List of diabetic patients with mean BP, if any.
Diabetes: Lipids Assessment	List of diabetic patients with documented LDL values.
Diabetes: Nephropathy Assessment	List of patients with tests & values if any.
Diabetic Retinopathy	List of diabetic patients with eye exam status, if any.
Diabetes: Access to Dental Services	List of diabetic patients and documented dental visit or refusal, if any.

Performance Measure Topic	Patient List
Access to Dental Services	List of patients with documented dental visit or refusal and date.
Dental Sealants	List of patients receiving sealants during Report period.
Topical Fluoride	List of patients who received at least one topical fluoride application during Report period.
Adult Immunizations: Influenza	List of patients ≥ 50 yrs or DM DX with influenza code or refusal and date, if any.
Adult Immunizations: Pneumovax	List of patients ≥ 65 yrs or DM DX with pneumovax code or refusal and date, if any.
Childhood Immunizations	List of patients 19-35 months with IZ, if any. If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP.
Cancer Screening: Pap Smear Rates	List of women 21-64 with documented test/refusal, if any.
Cancer Screening: Mammogram Rates	List of women 52-64 with mammogram/refusal, if any.
Colorectal Cancer Screening	List of patients 51-80 and CRC screening test/date or refusal, if any.
Tobacco Use and Exposure Assessment	List of patients with no documented tobacco screening.
Tobacco Cessation	List of tobacco users with tobacco cessation counseling, if any, or who have quit tobacco use.
Alcohol Screening (FAS Prevention)	List of female patients with no documented screening.
Intimate Partner (Domestic) Violence Screening	List of patients not screened and without documented refusal.
Depression Screening	List of patients not screened for depression/diagnosed with mood disorder.
Obesity Assessment	List of patients for whom BMI could NOT be calculated.
Antidepressant Medication Management	List of patients with new depression DX and optimal practitioner contact (OPC), acute phase treatment (APT) and continuation phase treatment (CONPT), if any.
Childhood Weight Control	List of patients ages 2-5, with current BMI.
Nutrition and Exercise Education for at Risk Patients	List of at risk patients, with education if any.
Cardiovascular Disease and Cholesterol Screening	List of patients screened with cholesterol values displayed.
Cardiovascular Disease and Blood Pressure Control	List of Patients ≥ 20 w/ denominator identified & mean BP, if any
Controlling High Blood Pressure (renamed from Hypertension Control)	List of patients with hypertension and BP value.
Comprehensive CVD-Related Assessment	List of patients with assessments received, if any.

Performance Measure Topic	Patient List
Beta-Blocker Treatment After a Heart Attack	List of patients with AMI, with beta-blocker prescription, if any.
Persistence of Beta-Blocker Treatment After a Heart Attack	List of patients with AMI, with all beta-blocker prescriptions during the 180-day timeframe, if any.
Cholesterol Management After Acute Cardiovascular Event	List of patients with AMI, CABG, or PTCA w/LDL value, if any.
Prenatal HIV Testing	List of pregnant patients without documented test.
Chlamydia Testing	List of patients with no documented screening.
Osteoporosis Management	List of female patients with new fracture who have had osteoporosis treatment or testing, if any.
Osteoporosis Screening in Women	List of female patients ages 65 and older with osteoporosis screening, if any.
Asthma	List of patients diagnosed with asthma and any asthma-related hospitalizations.
Asthma Quality of Care	List of asthmatic patients with primary asthma therapy medications, if any.
Chronic Kidney Disease Assessment	List of patients with Creatinine test, with GFR and value, if any.
Prediabetes/Metabolic Syndrome	List of patients 18 and older with Prediabetes/Metabolic Syndrome with assessments received, if any.
Medications Education	List of patients receiving medications with med education, if any.
Public Health Nursing	List of patients with PHN visits documented.

5.2.8 CMS Performance Report and Patient Lists

As mentioned in section 5.1.3, the CMS Performance report is unlike any other report in CRS in that it does not include denominators and numerators and measure rates. It does contain patient lists; however, they are formatted differently than all other CRS patient lists. The content of this report and the patient lists are shown below.

CMS Quality Measure	Patient List
Heart Attack (AMI) (5 measures: AMI-1, AMI-2, AMI-3, AMI-6, AMI-5)	List of all patients discharged with Acute Myocardial Infarction (AMI) diagnosis.
	List of all patients discharged with Acute Myocardial Infarction (AMI) diagnosis who were not excluded based on RPMS logic, w/related RPMS data.
Heart Failure (HF) (2 measures: HF-2 & HF-3)	List of all patients discharged with Heart Failure diagnosis.
	List of all patients discharged with Heart Failure diagnosis who were not excluded based on RPMS logic, w/related RPMS data.
Pneumonia (PN)	List of all patients discharged with Pneumonia diagnosis.

CMS Quality Measure	Patient List
(3 measures: PN-1, PN-2, PN-5b)	List of all patients discharged with Pneumonia diagnosis who were not excluded based on RPMS logic, w/related RPMS data.

5.2.9 Elder Care Report

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Diabetes Prevalence	User Population 55+, broken down by gender and age groups	1) Diabetes diagnosis ever 2) Diabetes diagnosis during prior year
Diabetes (DM): Glycemic Control	Active Diabetic patients 55+, broken down by age groups	1) With Hemoglobin A1c, any value 2) With GPRA-defined Poor control (>9.5) 3) With Very Poor control (≥ 12) 4) With Poor control (>9.5 and <12) 5) With Fair control (≥ 8 and ≥ 9.5) 6) With Good control (≥ 7 and <8) 7) With GPRA-defined Ideal control (<7) 8) With Hemoglobin A1c without result
DM: Blood Pressure Control	Active Diabetic patients 55+, broken down by age groups	1) With BP assessed 2) With Controlled BP 3) With Uncontrolled BP
DM: Lipids Assessment	Active Diabetic patients 55+, broken down by age groups	1) With Lipid Profile OR LDL+HDL+TG 2) With LDL, any value 3) With LDL <130 4) With LDL ≤ 100 5) With LDL 101-129
DM: Nephropathy Assessment	Active Diabetic patients 55+, broken down by age groups	1) Patients with positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result. 2) Patients with Estimated GFR with result. 3) Patients who have had 1) positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result AND 2) an Estimated GFR with result.
DM: Retinopathy	Active Diabetic patients 55+, broken down by age groups	1) With any retinal screening A) With diabetic retinal exam B) With other eye exam
Diabetic Access to Dental Services	Active Diabetic patients 55+, broken down by age groups	1) With documented dental exam or refusal A) With refusal in past year
Access to Dental Services	User Population 55+, broken down by age groups	1) With documented dental exam or refusal A) With refusal in past year
Adult IZ: Influenza	Active Clinical patients 55+, broken down by age groups	1) With influenza vaccination or refusal 2) With refusal in past year
Adult IZ: Pneumovax	Active Clinical patients 55+, broken down by age groups	1) With pneumovax ever or refusal in past year 2) With refusal in past year

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Cancer Screening: Mammogram Rates	Female Active Clinical patients 55+, broken down by age groups	1) With documented mammogram in past 2 years or refusal in past year A) With refusal in past year
Colorectal Cancer Screening	Active Clinical patients 55+, broken down by gender and age groups	1) With CRC screening (time period dependent upon type of CRC screening) or refusal in past year 2) With refusal in past year 3) With FOBT in past 2 years 4) With rectal in past 2 years
Tobacco Use Assessment	Active Clinical patients 55+, broken down by gender and age groups	1) Screened for tobacco use 2) Tobacco users A) Smokers B) Smokeless 3) Exposed to environmental tobacco smoke (ETS)
IPV/DV Screening	Female Active Clinical patients 55+, broken down by age groups	1) With documented IPV/DV screen or refusal A) With IPV/DV exam B) With IPV/DV DX C) With IPV/DV education or counseling D) With refusal in past year
Depression Screening	Active Clinical patients 55+, broken down by gender and age groups	1) With depression screening or diagnosed with mood disorder A) With depression screening B) With mood disorder diagnosis C) With refusal
Obesity Assessment (BMI)	Active Clinical patients 55+, broken down by age and gender groups	1) With BMI calculated A) With BMI and assessed as overweight B) With BMI and assessed as obese C) Total of overweight and obese D) With refusal
Cardiovascular Disease and Blood Pressure Control	Active Clinical patients 55+, broken down by age and gender groups	1) With BP documented in past 2 years 2) With Normal BP 3) With Pre-hypertension I BP 4) With Pre-hypertension II BP 5) With Stage 1 BP 6) With Stage 2 BP 7) With Systolic HTN

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Cardiovascular Disease and Cholesterol Screening	Active Clinical patients 55+, broken down by age and gender groups	1) With blood cholesterol screening in past 5 years 2) With cholesterol ≥ 240 3) With LDL in past 5 years, regardless of result 4) With LDL ≤ 100 5) With LDL 101-130 6) With LDL 131-160 7) With LDL > 160
Osteoporosis Management	Female Active Clinical patients 55+ with fracture, broken down by age groups	1) Treated or tested for osteoporosis
Osteoporosis Screening in Women	Female Active Clinical patients ages 55 and older without a documented history of osteoporosis, broken down by age groups.	1) Screened for osteoporosis in past 2 years or refusal in past year A) With refusal
Functional Status	Active Clinical patients 55+, broken down by age and gender groups	1) With functional status screening
Asthma	1) Active Clinical patients 55+, broken down by age groups 2) From numerator 1	1) With 2 asthma-related visits or categorized in ARS as persistent 2) Hospitalized for asthma
Public Health Nursing		1) Number of visits by PHNs in any setting, patients ages 55+ A) Ages 55-64 B) Ages 65-74 C) Ages 75-84 D) Ages 85+ E) PHN driver/interpreter 2) Number of visits by PHNs in Home setting A) Ages 55-64 B) Ages 65-74 C) Ages 75-84 D) Ages 85+ E) PHN driver/interpreter

5.2.10 Elder Care Report Patient Lists

Performance Measure Topic	Patient List
Diabetes Prevalence	List of diabetic patients ≥ 55 with most recent diagnosis
Diabetes: Glycemic Control	List of diabetic patients ≥ 55 with denominator identified & most recent HbA1c value, if any.

Performance Measure Topic	Patient List
Diabetes: Blood Pressure Control	List of diabetic patients =>55 with denominator identified & mean BP, if any.
Diabetes: Lipids Assessment	List of diabetic patients =>55 with denominator identified & documented LDL values.
Diabetes: Nephropathy Assessment	List of patients =>55 with denominator identified, tests & values if any.
Diabetic Retinopathy	List of diabetic patients =>55 with denominator identified & eye exam status, if any.
Diabetes: Access to Dental Services	List of diabetic patients =>55 and documented dental visit or refusal, if any.
Access to Dental Service	List of patients =>55 with documented dental visit or refusal and date.
Adult Immunizations: Influenza	List of patients =>55 with Influenza code and date, if any.
Adult Immunizations: Pneumovax	List of patients =>55 with Pneumovax code and date, if any.
Cancer Screening: Mammogram Rates	List of female patients =>55 with mammogram/refusal, if any.
Colorectal Cancer Screening	List of patients =>55 with CRC screening/refusal, or rectal exam/refusal, if any.
Tobacco Use and Exposure Assessment	List of patients =>55 with no documented tobacco screening.
Intimate Partner (Domestic) Violence Screening	List of patients =>55 not screened and without documented refusal.
Depression Screening	List of patients =>55 not screened for depression/diagnosed with mood disorder.
Obesity Assessment	List of patients 55-74 for whom BMI could NOT be calculated.
Cardiovascular Disease and Blood Pressure Control	List of patients =>55 with denominator identified & mean BP, if any.
Cardiovascular Disease and Cholesterol Screening	List of patients =>55 with cholesterol or LDL value if any.
Osteoporosis Management	List of female patients =>55 with new fracture who had osteoporosis treatment or testing, if any.
Osteoporosis Screening in Women	List of female pts age=>55 w/osteoporosis scrn, if any
Functional Status	List of patients =>55 with functional status codes, if any.
Asthma	List of patients =>55 diagnosed with asthma and any asthma-related hospitalizations.
Public Health Nursing	List of patients =>55 with PHN visits documented

5.2.11 HEDIS Performance Report

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Childhood Immunizations	Active Clinical patients ages 19-35 months	1) With 4 DTaP 2) With 3 Polio (OPV/IPV) 3) With 1 MMR 4) With 3 HiB 5) With 3 Hepatitis B 6) With 1 Varicella 7) With 4:3:1:3:3 combo 8) Patients who have received all of their childhood immunizations (4:3:1:3:3:1 combo)
Colorectal Cancer Screening	Active Clinical patients ages 51-80 without a documented history of colorectal cancer	Patients who have had ANY CRC screening (time period dependent upon type of CRC screening) or a refusal in the past year.
Breast Cancer Screening	Female Active Clinical patients ages 52 through 69 without a documented history of bilateral mastectomy or two separate unilateral mastectomies	Patients with a Mammogram documented in the past 2 years, including documented refusals in past year.
Cervical Cancer Screening	Female Active Clinical patients ages 21 through 64 without a documented history of hysterectomy	Patients with a Pap Smear documented in the past 3 years, including refusals in past year.
Chlamydia Screening in Women	Female Active Clinical patients ages 16 through 25, broken down by age groups	Patients with documented Chlamydia test in past year.
Osteoporosis Management in Women Who Had a Fracture	Female Active Clinical patients ages 67 and older who had a new fracture	Patients treated or tested for osteoporosis after the fracture.
Controlling High Blood Pressure	Active Clinical patients ages 46 through 85 diagnosed with hypertension	1) With BP value 2) With controlled blood pressure, defined as $\leq 140/90$
Beta-Blocker Treatment After a Heart Attack	Active Clinical patients 35 and older discharged for an AMI, broken out by gender	Patients with active prescription for beta-blockers
Persistence of Beta-Blocker Treatment After a Heart Attack	Active Clinical patients 35 and older diagnosed with an AMI, broken out by gender	Patients with a 180-day course of treatment with beta-blockers
Cholesterol Management After Acute Cardiovascular Events	Active Clinical patients ages 18 to 75 diagnosed in the year prior to the Report period with AMI, CABG, or PTCA, broken down by gender	1) With LDL regardless of value 2) With LDL ≤ 100 3) With LDL 101-130 4) With LDL >130

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Comprehensive Diabetes Care	Active Diabetic patients	1) With Hemoglobin A1c, any value 2) With HbA1c defined as Poor control (Poor and Very Poor) 3) With LDL, any value 4) With controlled LDL, <130 5) With retinal eye exam 6) Monitored for kidney disease 7) Patients who have had all of the above (1-6)
Use of Appropriate Medications for People with Asthma	Active Clinical patients ages 5-56 with persistent asthma, broken down by age groups	With Rx for primary asthma therapy medication
Antidepressant Medication Management	Active Clinical patients 18 years and older who were diagnosed with a new episode of depression and treated with antidepressant medication in the past year.	1) With at least three mental health visits within 12 weeks after diagnosis 2) With separate prescriptions/ refills of antidepressant medication for continuous treatment of at least 84 days 3) With separate prescriptions/ refills of antidepressant medication treatment to provide continuous treatment for at least 180 days
Medical Assistance with Smoking Cessation	Active Clinical patients identified as tobacco users	1) Advised to quit smoking or refusal in past year 2) Received information on smoking cessation medications or refusal in past year
Flu Shots for Adults Ages 50-64	Active Clinical patients ages 50 through 64	1) With documented influenza vaccine or Refusal in past year
Flu Shots for Older Adults	Active Clinical patients ages 65 and older	1) With documented influenza vaccine or Refusal in past year
Pneumonia Vaccination Status for Older Adults	Active Clinical patients ages 65 and older	1) With documented Pneumovax ever or Refusal in past year
Annual Dental Visit	1) User Population patients ages 3 through 21, broken down by age group 2) Active diabetic patients	1) With documented dental visit or Refusal in past year

5.2.12 HEDIS Report Patient Lists

Performance Measure Topic	Patient List
Childhood Immunization Status	List of patients without ALL childhood immunizations, indicating which immunizations not received.
Colorectal Cancer Screening	List of patients 51-80 and CRC screening test/date, if any.
Breast Cancer Screening (Mammogram)	List of women 52-69 with mammogram/refusal, if any.

Performance Measure Topic	Patient List
Cervical Cancer Screening (Pap Smear)	List of women 21-64 with documented test/refusal, if any.
Chlamydia Screening in Women	List of patients with no documented screening.
Osteoporosis Management in Women Who Had a Fracture	List of female patients with osteoporosis treatment or testing, if any.
Controlling High Blood Pressure	List of patients with hypertension and BP value, if any.
Beta-Blocker Treatment After a Heart Attack	List of patients with AMI, with beta-blocker prescription, if any.
Persistence of Beta-Blocker Treatment After a Heart Attack	List of patients with AMI, with all beta-blocker prescriptions during the 180-day timeframe, if any.
Cholesterol Management After Acute Cardiovascular Event	List of patients with AMI, CABG, or PTCA w/LDL value, if any.
Comprehensive Diabetes Care	List of diabetic patients w/documentated tests, if any.
Use of Appropriate Medications for People with Asthma	List of asthmatic patients with primary asthma therapy medications, if any.
Antidepressant Medication Management	List of patients with new depression DX and w/OPC,APT,CONPT.
Medical Assistance with Smoking Cessation	List of tobacco users with counseling, if any.
Flu Shots for Adults Ages 50-64	List of patients ages 50-64 w/ IZ code/date, if any.
Flu Shots for Older Adults	List of patients => 65 yrs w/ IZ code/date, if any.
Pneumonia Vaccination Status for Older Adults	List of patients =>65 yrs w/ IZ code/date, if any.
Annual Dental Visit	List of patients with documented dental visit only.

5.3 Report Formats

5.3.1 Report Cover Page Format

The Cover Page for each report appears in the following basic format (Figure 5-1 below with key elements described).

- ❶ **Report Type:** the top line of the cover page describes the report type, e.g., National GPRA, HEDIS Performance, etc.
- ❷ **Report Time Periods:** describes the dates included in the Current Report time period, as well as the Previous and Baseline periods. All report periods encompass one year.
- ❸ **Measures:** describes the measures included in the Report.

- ④ **Population:** describes the patient-type population specified by the user for this Report: American Indian and Alaska Native (AI/AN), non-AI/AN or both. **NOTE:** This section is not included on the National GPRA report since the population will always be AI/AN only.
- ⑤ **Run Time:** displays how long this Report took to run, in hours, minutes and seconds. Run time depends on many factors, including RPMS server type and size, number of patients in your RPMS database, and the number of indicators you are running.
- ⑥ **Denominator Definitions:** describes the definition of the key denominators for the specific report. Definitions are provided on each Cover Page so that any user who runs the report will understand the logic. **NOTE:** The definition of the Active Clinical denominator varies for each of the reports.
- ⑦ **Output File information:** if a user has designated that a delimited file or an Area export file be created, the file name will appear here.
- ⑧ **Community Taxonomy Name:** displays the name of the specific Community Taxonomy specified by the user, and provides the list of all communities and facilities included in the Community taxonomy (see sections 4.1 and 5.1 for discussion about how Community taxonomies are used) selected for this Report will be displayed.

❶	Cover Page *** IHS 2006 Clinical Performance Report *** CRS 2006, Version 6.0 Date Report Run: Apr 22, 2006 Site where Run: DEMO HOSPITAL Report Generated by: LASTNAME,FIRST Report Period: Jan 01, 2004 to Dec 31, 2004						
❷	Previous Year Period: Jan 01, 2003 to Dec 31, 2003 Baseline Period: Jan 01, 2000 to Dec 31, 2000						
Measures: Selected Measures (User Defined) ❸							
Population: AI/AN Only (Classification 01) ❹							
RUN TIME (H.M.S): 2.15.33 ❺							
Denominator Definitions used in this Report: ❻							
ACTIVE CLINICAL POPULATION: 1. Must reside in a community specified in the community taxonomy used for this report. 2. Must be alive on the last day of the Report period. 3. User defines population: a) Indian/Alaska Natives Only - based on Classification of 01; b) Non AI/AN (not 01); or c) Both. 4. Must have 2 visits to medical clinics in the 3 years prior to the end of the Report period. At least one visit must include: 01 General, 06 Diabetic, 10 GYN, 12 Immunization, 13 Internal Med, 20 Pediatrics, 24 Well Child, 28 Family Practice, 57 EPSDT, 70 Women's Health, 80 Urgent, 89 Evening. See User Manual for complete description of medical clinics.							
USER POPULATION: 1. Definitions 1-3 above. 2. Must have been seen at least once in the 3 years prior to the end of the Report period, regardless of the clinic type.							
A delimited output file called testlocd has been placed in the public directory for your use in Excel or some other software package. ❿ See your site manager to access this file.							
Community Taxonomy Name: GPRA COMMUNITIES DEMO HOSPITAL The following communities are included in this report:							
❸	<table border="0"> <tr> <td>COMMUNITY #1</td> <td>COMMUNITY #2</td> <td>COMMUNITY #3</td> </tr> <tr> <td>COMMUNITY #4</td> <td>SITE,RURAL</td> <td>SITE,URBAN</td> </tr> </table>	COMMUNITY #1	COMMUNITY #2	COMMUNITY #3	COMMUNITY #4	SITE,RURAL	SITE,URBAN
COMMUNITY #1	COMMUNITY #2	COMMUNITY #3					
COMMUNITY #4	SITE,RURAL	SITE,URBAN					

Figure 5-1: Report Cover Page Sample

5.3.2 Report Format

Except for the CMS report, the CRS reports display the following information for each of the three time periods:

- the count of the number of patients in the denominator;
- the count of the number of patients within that denominator who meet the numerator definition;

- the percentage of the total patients in the denominator who meet the numerator, i.e., $[\text{Numerator Count}] / [\text{Denominator Count}] * 100$; and
- the change from the Current Report period from either of the past time periods, calculated as an absolute value (see ⑨ below).

The following example of a report page from a Selected Measures report (section 6.6) shows the key elements.

- ❶ **Report Date:** displays the date that the report was run.
- ❷ **Report Type:** the top line of the cover page describes the report type
- ❸ **Report Time Periods:** describes the Current Report time period, as well as the Previous and Baseline periods.
- ❹ **Performance Measure Topic Title:** displays the name of the performance measure topic.
- ❺ **Denominator Definition(s):** detailed definitions for each denominator for the performance measure topic. The National GPRA report generally has only one denominator. The Selected Measures report may display two or three denominators.
- ❻ **Numerator Definition(s):** detailed definition of each numerator for the measure topic.
- ❼ **Performance Measure Logic:** displays detailed definition of how the logic is defined, including RPMS fields and codes that meet the denominator or numerator definitions.
- ❽ **Performance Measure Description:** the general definition for the performance measure topic. GPRA measure definitions are excerpted directly from the FY06 GPRA Measure definitions (see *Appendix A*).

Performance Measure Goal(s): Details IHS past performance, if any (for GPRA measures), generally displayed as percent (%). Also displays any performance targets established by IHS for FY 2010 or the Healthy People 2010 target (see section 3.1.3 Comparing Ourselves to National Guidelines).

- ❾ **Current Report Period Change from Past Years:** calculates the change in the percent (%) from either the Previous Year or the Baseline Year to the Current Report period. CRS 2006 uses the absolute difference between the first percentage and the second percentage, e.g., $[\text{Report Period \%}] \text{ minus } [\text{Base Period \%}] = \text{Change}$. The direction of the change is indicated by a “+” (plus) or “-” (minus). The “+” indicates that the Current Report percent is larger than the past period.

WBM	Mar 05, 2006 1	Page 15
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2 *** IHS 2006 Clinical Performance Report ***
 DEMO HOSPITAL
 Report Period: Oct 01, 2003 to Sep 30, 2004

3 Previous Year Period: Oct 01, 2002 to Sep 30, 2003
 Baseline Period: Oct 01, 1999 to Sep 30, 2000

4 Cancer Screening: Pap Smear Rates

5 Denominator(s):
 GPRA Denominator: Female Active Clinical patients ages 21 through 64 without documented history of Hysterectomy.
 Female User Population patients ages 21 through 64 without a documented history of Hysterectomy.

6 Numerator(s):
 GPRA Numerator: Patients with a Pap Smear documented in the past 3 years, including refusals in past year.
 A: Patients with documented refusal in past year.

Age of the patient is calculated at the beginning of the Report period. Hysterectomy defined as V Procedure: 68.4-68.8 or CPT 59125, 56308, 58150, 58152, 58200-58294, 58550-54, 58951, 58953-58954, 59135, 59525. Pap Smear definitions: 1) V Lab: Pap Smear; 2) POV: V76.2 Screen Mal Neop-Cervix, V72.31 Gynecological Examination, Pap Cervical Smear as Part of General GYN exam, V72.32 Gynecological Examination, Pelvic Examination (annual) (periodic), V72.3 Gynecological Examination (old code, to be Counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, or V76.49 Pap Smear for Women w/o a Cervix; 3) V Procedure: 91.46; 4) V CPT: 88141-88167, 88174-88175, Q0091 Screening Pap Smear; 5) Womens Health: procedure called Pap Smear; 6) LOINC taxonomy; 7) site-populated taxonomy BGP GPRA PAP SMEAR; 8) Refusal (in past year) Lab Test Pap Smear.

8 During FY 2006, maintain the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous three years at the FY 2005 level.

IHS Performance - FY 2004 - 58.0%; FY 2003 - 61%; IHS 2010 Goal: 90%

	9	9						
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Female Active Clinical								
21-64 years	424		421			416		
(GPRA)								
# w/Pap Smear recorded								
w/in 3 years (GPRA)	196	46.2	202	48.0	-1.8	195	46.9	-0.6
A. # Refusals								
w/ % of Total Pap	0	0.0	0	0.0	+0.0	0	0.0	+0.0

Figure 5-2: Sample Indicator Topic Report Page

5.3.3 Summary for National GPRA/GPRA Performance Reports

A Clinical Performance Summary is included at the end of the National GPRA and GPRA Performance reports. The summary displays the site's current, previous and baseline performance results together with the national performance for the previous year and the 2010 goal, either HP 2010 or IHS 2010. Sites can quickly see on which measures they most need to improve. Also included is a "GPRA06 Goal" column so users know what performance IHS has to achieve nationally in order to meet the GPRA measures.

SK	Sep 14, 2005				Page 1	
*** IHS GPRA Performance Report ***						
DEMO HOSPITAL						
Report Period: Jan 01, 2003 to Dec 31, 2003						
Previous Year Period: Jan 01, 2002 to Dec 31, 2002						
Baseline Period: Jan 01, 2000 to Dec 31, 2000						

CLINICAL PERFORMANCE SUMMARY						
	Site	Site	Site	GPRA06	Nat'l	2010
	Current	Previous	Baseline	Goal	2005	Goal

DIABETES						
*Diabetes DX Ever	10.0%	9.6%	8.4%	N/A	TBD	TBD
*Documented Alc	83.1%	73.0%	84.1%	N/A	TBD	50.0%
Poor Glycemic Control >9.5	24.0%	14.9%	25.7%	Maintain	TBD	TBD
Ideal Glycemic Control <7	27.3%	12.2%	23.0%	Maintain	TBD	40.0%
*BP Assessed	98.1%	91.2%	93.8%	N/A	N/A	TBD
Controlled BP <130/80	37.0%	32.4%	35.4%	Maintain	TBD	50.0%
LDL Assessed	39.6%	0.7%	10.6%	Increase	TBD	70.0%
Nephropathy Assessed	53.9%	12.8%	0.0%	Maintain	TBD	70.0%
Retinopathy Exam	56.5%	61.5%	53.1%	@ BASELINE@	TBD	70.0%
				# Maintain#	TBD	70.0%
*Depression Assessed	3.9%	4.1%	3.5%	N/A	N/A	N/A
*Influenza Vaccine	76.0%	65.5%	65.5%	N/A	N/A	N/A
*Pneumovax Vaccine Ever	86.4%	84.5%	87.6%	N/A	N/A	N/A
DENTAL						
Dental Access General	16.8%	19.6%	20.1%	Maintain	TBD	40.0%
Sealants	145	469	420	Maintain &	TBD	TBD
Topical Fluoride						
*# Applications	158	157	63	N/A	TBD	TBD
# Patients	120	135	60	Maintain	TBD	TBD
IMMUNIZATIONS						
Influenza 65+	77.2%	67.3%	68.4%	Maintain	TBD	90.0%
Pneumovax Ever 65+	82.8%	78.0%	75.0%	72.0%	TBD	90.0%
Childhood 19-35 mos						
Active Clinical Pts	82.7%	68.9%	66.7%	Maintain &	TBD	80.0%
*Active IMM Pkg Pts	84.3%	0.0%	0.0%	N/A	N/A	80.0%
CANCER-RELATED						
Pap Smear Rates 21-64	62.1%	63.0%	66.6%	Maintain	TBD	90.0%
Mammogram Rates 52-64	56.5%	51.9%	43.2%	Maintain	TBD	70.0%
Colorectal Cancer 51-80	18.2%	22.6%	27.2%	Baseline	TBD	50.0%
*Tobacco Assessment 5+	2.6%	1.7%	1.5%	N/A	TBD	TBD
*Tobacco Use Prevalence	43.2%	29.2%	57.1%	N/A	N/A	TBD
Tobacco Cessation	11.1%	0.0%	0.0%	Baseline	N/A	75.0%
BEHAVIORAL HEALTH						
FAS Prevention 15-44	3.8%	3.0%	3.0%	Increase	TBD	25.0%
**IPV/DV Screen 15-40	3.8%	1.2%	1.6%	Increase	TBD	25.0%
Depression Screen 18+	4.4%	2.9%	2.3%	Baseline	N/A	20.0%

Figure 5-3: Sample Clinical Performance Summary from GPRA Performance Report, page 1

SK	Sep 14, 2005				Page 2	
*** IHS GPRA Performance Report ***						
DEMO HOSPITAL						
Report Period: Jan 01, 2003 to Dec 31, 2003						
Previous Year Period: Jan 01, 2002 to Dec 31, 2002						
Baseline Period: Jan 01, 2000 to Dec 31, 2000						

CLINICAL PERFORMANCE SUMMARY						
	Site	Site	Site	GPRA06	Nat'l	2010
	Current	Previous	Baseline	Goal	2005	Goal

CVD-RELATED						
*BMI Measured 2-74	14.7%	15.4%	17.7%	N/A	TBD	TBD
*Assessed as Obese	35.0%	38.7%	35.4%	N/A	N/A	TBD
Children 2-5 w/BMI						
=>95%	17.1%	30.0%	11.9%	Baseline	N/A	Reduce 10%
Cholesterol Screening 23+	14.4%	13.5%	9.7%	Increase	TBD	80.0%
*Comp CVD-related Assessment						
*BP Assessed	87.2%	87.0%	79.7%	N/A	N/A	95.0%
*LDL Assessed	10.1%	0.4%	0.8%	N/A	N/A	85.0%
*Tobacco Assessed	1.6%	0.0%	1.2%	N/A	N/A	50.0%
*BMI Measured	4.3%	7.1%	6.4%	N/A	N/A	45.0%
*Lifestyle Counseling	4.7%	4.7%	10.8%	N/A	N/A	75.0%
*Depression Screen	6.2%	5.1%	4.0%	N/A	N/A	20.0%
*All Assessments	0.4%	0.0%	0.0%	N/A	N/A	15.0%
OTHER CLINICAL						
Prenatal HIV Testing	65.9%	10.0%	9.3%	Increase	TBD	95.0%
*Public Health Nursing	1366	1707	1358	N/A	TBD	TBD
(* - Not GPRA measure for FY 2006)						
(@ - National Retinopathy goal/rate)						
(# - Designated site goal/rate)						
(& - Data source other than CRS)						
(** - Age range for IPV/DV changed from 16-24 to 15-40 in 2005)						

Figure 5-4: Sample Performance Summary Page from GPRA Performance Report, page 2

5.3.4 Patient List Formats

Users may select to run Patient Lists for the National GPRA/GPRA Performance reports (LST menu option), any Selected Indicators report (COM, PP, or ALL menu options), Elder Care (ELD menu option), and HEDIS reports (HED menu option). Users may also run the Comprehensive National GPRA Patient List. The CMS Performance report automatically includes patient lists.

For all reports except the CMS Performance report, the lists display patients who meet the numerator(s), denominator(s) or both, depending on the type of report run and the indicator. Patient list options include a random list (10% of the total list), a list by primary care provider, and the entire patient list.

For the National GPRA/GPRA Performance reports patient list, patient lists can be created for one or more indicator topics at a time. The patient list for these reports allows users to include only patients meeting the indicator, not meeting the indicator, or both for most indicators.

For the Comprehensive National GPRA Patient List, the patient list shows all patients included in the National GPRA report and which measures each patient did not meet.

For the COM, PP, ALL, Elder Care, and HEDIS reports, users select for which performance measure topic(s) they want to run patient lists and do not have the option of choosing to include only patients meeting or not meeting the indicator.

See section 6.4 for producing the Comprehensive National GPRA Patient List. See section 6.5 for producing patient lists for the National GPRA/GPRA Performance reports. See section 6.6 for a detailed description for producing patient lists for COM, PP, and ALL reports, respectively. See section 6.8 for running a patient list for the Elder Care report. See section 6.9 for instructions on producing a patient list for the HEDIS report.

Patient Lists are organized by 1) Community; 2) gender; 3) age; and 4) last name.

Key elements of the Patient List format are described below. The format for all Patient Lists will be the same, except as specifically noted below.

❶ **Report Type:** indicates “Patient List” as the report type.

❷ **Patient List Type:** displays whether the Patient List is a “Random List,” “List by Provider,” or “Entire Patient List,” depending on which option the user selected.

❸ **List Description:** describes which patients will be included on the list. In the example below, the Patient List contains:

- the Performance Measure Title and the Patient List title, which in the example below is all patients in either of the two denominators (women ages 21 through 64 at the beginning of the Report period).
- the denominator type the patient belongs to (e.g., “UP” (User Population) or “AC” (Active Clinical));
- the date that a test meeting the numerator definition was performed, if any; and the test code.

❹ **List Columns:** all patient lists contain the following columns of information: *patient name* displayed as Last, First; the patient’s *Health Record Number* (HRN); the *Community* name; the patient’s *gender*, e.g., M or F; the patient’s *age (as of the first day of the Report period)*; and denominator and numerator information (see ❹ and ❺ below). Patient Lists are organized by 1) Community; 2) gender; 3) age; and 4) last name

❺ **Age Column:** displays the age of the patient at the beginning of the Report period.

⑥ **Denominator Column:** for most patient lists, displays which denominator the patient is a member of (e.g., “AC” for Active Clinical). For measures that provide only a count for the numerator and use no denominator, such as the Dental Sealants measure, the denominator values will be blank.

⑦ **Numerator Value Column:** displays different information about the numerator, such as the date a test was given and the test code, whether a health factor or patient education code was recorded, etc. In the example below, the value column identifies the date a Pap smear was documented and the test code. If no date and code information is displayed, this patient is counted in the denominator only, not in the numerator. **NOTE:** This column is not included in the Comprehensive National GPRA Patient List report. Instead, it has a Measure Not Met column (see #8 below). In addition, the performance measures are not listed separately; each patient is listed only once with all the measures s/he did not meet indicated in the Measure Not Met column.

⑧ **Measure Not Met Column:** displayed only for the Comprehensive National GPRA Patient List. Displays all of the applicable National GPRA report measures a patient did not meet. If there are more measures than can be listed within this column, the measures will be wrapped to the next line, starting in the Patient Name column.

***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****

XYZ

Jan 06, 2006

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①

*** FY05 Clinical Performance Indicator Patient List ***

DEMO HOSPITAL

Report Period: Jan 01, 2003 to Dec 31, 2003

②

Random Patient List

Cancer Screening: Pap Smear Rates

Denominator(s):

GPRA Denominator: Female Active Clinical patients ages 21 through 64 without documented history of Hysterectomy.

Female User Population patients ages 21 through 64 without a documented history of Hysterectomy.

Numerator(s):

Patients with a Pap Smear documented in the past 3 years, including refusals in past year.

A: Patients with documented refusal in past year.

Age of the patient is calculated at the beginning of the Report period. Hysterectomy defined as V Procedure: 68.4-68.8 or CPT 51925, 56308, 58150, 58152, 58200-58294, 58550-54, 58951, 58953-58954, 59135, 59525. Pap Smear definitions: 1) V Lab: Pap Smear; 2) POV: V76.2 Screen Mal Neop-Cervix, V72.31 Gynecological Examination, Pap Cervical Smear as Part of General GYN exam, V72.32 Gynecological Examination, Pelvic Examination (annual) (periodic), V72.3 Gynecological Examination (old code, to be counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, or V76.49 Pap Smear for Women w/o a Cervix ; 3) V Procedure: 91.46; 4) V CPT: 88141-88167, 88174-88175, Q0091 Screening Pap Smear; 5) Womens Health: procedure called Pap Smear; 6) LOINC taxonomy; 7) site-populated taxonomy BGP GPRA PAP SMEAR; 8) Refusal (in past year) Lab Test Pap Smear.

During FY 2006, maintain the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous three years at the FY 2005 level.

IHS Performance - FY 2004 - 58.0%; FY 2003 - 61%; IHS 2010 Goal: 90%

③ Cancer Screening: Pap Smear Rates: List of women 21-64 with documented test/refusal, if any.

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic; PREG=Pregnant Female; IMM=Active IMM Pkg Pt

④				⑤	⑥	⑦
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR VALUE
PATIENT,VERONICA ROSE	999999	COMMUNITY #1	F	21	UP,AC	05/22/02 V76.2
PATIENT,RENEE	888888	COMMUNITY #2	F	21	UP,AC	06/14/02 88164
PATIENT,SYDNEY	777777	COMMUNITY #2	F	23	UP,AC	06/26/02 V76.49
PATIENT,GRETA	666666	COMMUNITY #2	F	23	UP	
PATIENT,MARILYN	444444	COMMUNITY #2	F	26	UP,AC	03/15/03 ref
PATIENT,VELMA	222222	COMMUNITY #2	F	34	UP,AC	
PATIENT,EUNICE	000002	COMMUNITY #2	F	45	UP,AC	05/16/03 Lab
PATIENT,CELESTE	000003	COMMUNITY #2	F	45	UP,AC	04/19/02 V72.3

Figure 5-5: Sample Patient List

***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****

SK

Sep 16, 2005

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*** IHS Comprehensive National GPRA Patient List ***

*** List of Patients not meeting a National GPRA measure ***

CRS 2006, Version 6.0

DEMO HOSPITAL

Report Period: Jan 01, 2003 to Dec 31, 2003

All Patients

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PREG=Pregnant Female; IMM=Active IMM Pkg Pt

4

5

6

8

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	MEASURE	NOT MET
YAZZIE,PATIENT	000001	COMMUNITY #1	F	15	UP,AC	Dental Visit, AC	
Tobacco Scrn, AC Alcohol Scrn, AC IPV/DV Scrn, AC BMI							
KESSINGER,PATIENT	000002	COMMUNITY #1	F	15	UP	Dental Visit	
LEWIS,PATIENT	000003	COMMUNITY #1	F	16	UP	Dental Visit	
CHASE,PATIENT	000004	COMMUNITY #1	F	16	UP,AC	Dental Visit, AC	
Tobacco Scrn, AC Alcohol Scrn, AC IPV/DV Scrn, AC BMI							
BEGAY,PATIENT	000005	COMMUNITY #1	F	16	UP	Dental Visit	
MAESTAS,PATIENT	000006	COMMUNITY #1	F	16	UP,AC	Dental Visit, AC	
Tobacco Scrn, AC Alcohol Scrn, AC IPV/DV Scrn, AC BMI							
BEGAY,PATIENT	000007	COMMUNITY #1	F	16	UP,AC	AC Tobacco Scrn, AC	
Alcohol Scrn, AC BMI							
YAZZIE,PATIENT	000008	COMMUNITY #1	F	16	UP,AC	AC Tobacco Scrn, AC	
Alcohol Scrn, AC IPV/DV Scrn, AC BMI							
SMITH,PATIENT	000009	COMMUNITY #1	F	16	UP,AC	Dental Visit, AC	
Tobacco Scrn, AC Alcohol Scrn, AC IPV/DV Scrn, AC BMI							

Figure 5-6: Sample Comprehensive National GPRA Patient List

6.0 How to Run Reports and Patient Lists

This section provides detailed instructions on how to select and produce different report types using the Reports menu option on the CRS 2006 Reporting System main menu.

See section 5.1 Report Types for descriptions of each report type.

6.1 Running Reports: Overview

6.1.1 National GPRA Report

Producing the National GPRA report (GP report option) includes the following steps:

- Selecting Reports (i.e. RPT) from the CRS 2006 Main Menu;
- Selecting National GPRA Reports (i.e. NTL) from the Reports Menu;
- Selecting the National GPRA Report (i.e. GP);
- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report);
- Identifying the population by selecting a Community taxonomy, if not using the default identified in the System Setup;
- Choosing whether or not to export the information to the Area Office; and
- Selecting an output type (Print, Delimited or Both).

6.1.2 Comprehensive National GPRA Patient List

Producing a list of patients included in the National GPRA report that identifies the performance measures they did not meet includes the following steps:

- Selecting Reports (i.e. RPT) from the CRS 2006 Main Menu;
- Selecting National GPRA Reports (i.e. NTL) from the Reports Menu;
- Selecting the Comprehensive National GPRA Patient List (i.e. CMP) from the National GPRA Reports menu;
- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report);
- Choosing the patients to be included (i.e., random, patients for a specific provider, all patients);

- Identifying the date range for the Current Report period by (1) selecting from pre-defined time periods and entering report ending date calendar year OR (2) entering an end date for the report;
- Identifying the population by selecting a Community taxonomy, if not using the default identified in the System Setup; and
- Selecting an output type (Print, Delimited or Both).

6.1.3 National GPRA Report Patient Lists

Producing patient lists for performance measures included in the National GPRA report (LST report option) includes the following steps:

- Selecting Reports (i.e. RPT) from the CRS 2006 Main Menu;
- Selecting National GPRA Reports (i.e. NTL) from the Reports Menu;
- Selecting the National GPRA Report Patient List report (i.e. LST);
- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report);
- Choosing one, multiple or all performance measure topics;
- Choosing which patient lists should be produced for each performance measure topic and the patients to be included (i.e., random, patients for a specific provider, all patients);
- Identifying the date range for the Current Report period by (1) selecting from pre-defined time periods and entering report ending date calendar year OR (2) entering an end date for the report;
- Identifying the population by selecting a Community taxonomy, if not using the default identified in the System Setup; and
- Selecting an output type (Print, Delimited or Both).

6.1.4 Selected Measures Reports with Community Specified

Producing the Selected Measures Report with Community Specified (COM report option) includes the following steps:

- Selecting Reports (i.e. RPT) from the CRS 2006 Main Menu;
- Selecting Reports for Local Use (i.e. LOC) from the Reports Menu;
- Selecting the Selected Measures w/Community Specified report (i.e. COM);

- Selecting a pre-defined selected measures report or selecting one, multiple, or all measures;
- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report);
- Identifying the date range and the ending date calendar year for the Current Report period;
- Identifying the Baseline year (the Previous Year period is automatically defined);
- Identifying the population by selecting a Community taxonomy, if not using the default identified in the System Setup;
- Choosing if Patient Lists should be produced or not and the patients to be included (i.e., random, patients for a specific provider, all patients);
- Selecting the patient-type population (options are Beneficiary type 01 American Indian/Alaska Native; Not 01 (non AI/AN), or All); and
- Selecting an output type (Print, Delimited or Both).

6.1.5 Selected Measures Reports with Patient Panel Population

Producing the Selected Measures Report with Patient Panel Population (PP report option) includes the following steps:

- Selecting Reports (i.e. RPT) from the CRS 2006 Main Menu;
- Selecting Reports for Local Use (i.e. LOC) from the Reports Menu;
- Selecting the Selected Measures w/Patient Panel Population report (i.e. PP);
- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report);
- Selecting the patient panel that defines which patients are to be included in the report (Appendix C: Creating a Patient Panel);
- Selecting a pre-defined selected measures report or selecting one, multiple, or all measures;
- Choosing if Patient Lists should be produced or not and the patients to be included (i.e., random, patients for a specific provider, all patients);
- Identifying the date range and the ending date calendar year for the Current Report period;

- Identifying the Baseline year (the Previous Year period is automatically defined); and
- Selecting an output type (Print, Delimited or Both).

6.1.6 Selected Measures Reports with All Communities

Producing the Selected Measures Report with All Communities (ALL report option) includes the following steps:

- Selecting Reports (i.e. RPT) from the CRS 2006 Main Menu;
- Selecting Reports for Local Use (i.e. LOC) from the Reports Menu;
- Selecting the Selected Measures w/All Communities report (i.e. ALL);
- Selecting a pre-defined selected measures report or selecting one, multiple, or all measures;
- Choosing if Patient Lists should be produced or not and the patients to be included (i.e., random, patients for a specific provider, all patients);
- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report);
- Identifying the date range and the ending date calendar year for the Current Report period;
- Identifying the Baseline year (the Previous Year period is automatically defined);
- Selecting the patient-type population (options are Beneficiary type 01 American Indian/Alaska Native; Not 01 (non AI/AN), or All); and
- Selecting an output type (Print, Delimited or Both).

6.1.7 CMS Performance Report

Producing the CMS Performance Report (CMS report option) includes the following steps:

- Selecting Reports (i.e. RPT) from the CRS 2006 Main Menu;
- Selecting Reports for Local Use (i.e. LOC) from the Reports Menu;
- Selecting the CMS Performance Report (i.e. CMS);

- Entering the name of your hospital, which is defaulted to the facility entered at Site Parameters in the Setup option;
- Selecting the CMS performance measures to be included in the report;
- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report); and
- Identifying the date range and the ending date calendar year for the Current Report period.

6.1.8 GPRA Performance Report

Producing the GPRA Performance report (GPU report option) includes the following steps:

- Selecting Reports (i.e. RPT) from the CRS 2006 Main Menu;
- Selecting Other National Reports (i.e. OTH) from the Reports Menu;
- Selecting the GPRA Performance Report (i.e. GPU);
- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report);
- Identifying the date range for the Current Report period by (1) selecting from pre-defined time periods and entering report ending date calendar year OR (2) entering an end date for the report;
- Identifying the Baseline year for comparison (the Previous Year period is automatically defined);
- Identifying the population by selecting a Community taxonomy, if not using the default identified in the System Setup;
- Selecting the patient-type population (options are Beneficiary type 01 American Indian/Alaska Native; Not 01 (non AI/AN), or All);
- Choosing whether or not to export the information to the Area Office; and
- Selecting an output type (Print, Delimited or Both).

6.1.9 Elder Care Report

Producing the Elder Care report (ELD report option) includes the following steps:

- Selecting Reports (i.e. RPT) from the CRS 2006 Main Menu;

- Selecting Other National Reports (i.e. OTH) from the Reports Menu;
- Selecting the Elder Care Report (i.e. ELD);
- Selecting all or identifying specific measures to be included in the report;
- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report);
- Identifying the date range for the Current Report period by (1) selecting from pre-defined time periods and entering report ending date calendar year OR (2) entering an end date for the report;
- Identifying the Baseline year for comparison (the Previous Year period is automatically defined);
- Identifying the population by selecting a Community taxonomy, if not using the default identified in the System Setup;
- Choosing if Patient Lists should be produced or not and the patients to be included (i.e., random, patients for a specific provider, all patients);
- Selecting the patient-type population (options are Beneficiary type 01 American Indian/Alaska Native; Not 01 (non AI/AN), or All);
- Choosing whether or not to export the information to the Area Office.
NOTE: This option is only displayed if ALL indicators were selected for the report; and
- Selecting an output type (Print, Delimited or Both).

6.1.10 HEDIS Performance Report

Producing the HEDIS Performance report (HED report option) includes the following steps:

- Selecting Reports (i.e. RPT) from the CRS 2006 Main Menu;
- Selecting Other National Reports (i.e. OTH) from the Reports Menu;
- Selecting the HEDIS Performance Report (HED);
- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report);
- Identifying the date range and the ending date calendar year for the Current Report period;

- Identifying the Baseline year for comparison (the Previous Year period is automatically defined);
- Identifying the population by selecting a Community taxonomy, if not using the default identified in the System Setup;
- Choosing if Patient Lists should be produced or not and the patients to be included (i.e., random, patients for a specific provider, all patients);
- Selecting the patient-type population (options are Beneficiary type 01 American Indian/Alaska Native; Not 01 (non AI/AN), or All);
- Choosing whether or not to export the information to the Area Office; and
- Selecting an output type (Print, Delimited or Both).

6.1.11 Lab Taxonomy Report

Producing the Lab Taxonomy report (TXL report option) includes the following steps:

- Selecting Reports (i.e. RPT) from the CRS 2006 Main Menu;
- Selecting Taxonomy Reports (i.e. TAX) from the Reports Menu;
- Selecting the Lab Taxonomy Report (i.e. TXL) from the Taxonomy Reports Menu; and
- Selecting an output type (Print, Delimited or Both).

6.1.12 Medication Taxonomy Report

Producing the Medication Taxonomy report (TXM report option) includes the following steps:

- Selecting Reports (i.e. RPT) from the CRS 2006 Main Menu;
- Selecting Taxonomy Reports (i.e. TAX) from the Reports Menu;
- Selecting the Medication Taxonomy Report (i.e. TXM) from the Taxonomy Reports Menu; and
- Selecting an output type (Print, Delimited or Both).

6.2 Reports Menus

This section describes the CRS 2006 reports menus.

1. To access the CRS 2006 Main Menu, type **CI06** at the “Select IHS Clinical Reporting System (CRS) Main Menu Option:” prompt from the CRS Main Menu (Figure 6-1).

```

*****
**      IHS/RPMS CLINICAL REPORTING SYSTEM (CRS)      **
*****
                                Version 6.0

                                DEMO HOSPITAL

CI06  CRS 2006 ...
CI05  CRS 2005 ...
GP04  GPRA+ FY04 ...
GP03  GPRA+ FY03 ...
GP02  GPRA+ FY02 ...

Select IHS Clinical Reporting System (CRS) Main Menu Option: CI06 CRS 2006

```

Figure 6-1: CRS Main Menu

2. The CRS 2006 Main Menu will be displayed (Figure 6-2). The AO Area Options will only be displayed for Area Office staff with appropriate security keys assigned.
3. **To access the CRS Reports Menu**, type **RPT** at the “Select CRS 2006 Option:” prompt.

```

*****
**      IHS/RPMS CRS 2006      **
**      Clinical Reporting System      **
*****
                                Version 6.0

                                DEMO HOSPITAL

RPT   Reports ...
SET   System Setup ...
AO    Area Options ...

Select CRS 2006 Option: RPT Reports

```

Figure 6-2: CRS 2006 Main Menu

4. The CRS 2006 Reports menu is displayed (Figure 6-3).

```

*****
**      IHS/RPMS CRS 2006      **
**      Reports Menu          **
*****
Version 6.0

DEMO HOSPITAL

NTL    National GPRA Reports ...
LOC    Reports for Local Use: IHS Clinical Measures ...
OTH    Other National Reports ...
TAX    Taxonomy Reports ...

Select Reports Option: NTL National GPRA Reports

```

Figure 6-3: CRS 2006 Reports Menu

- **To access the sub-menu for the National GPRA reports**, type NTL at the “Select Reports Option:” prompt. The National GPRA Reports menu displays (Figure 6-4).
- **To access the sub-menu for the local reports**, type LOC at the “Select Reports Option:” prompt. The Reports for Local Use menu displays (Figure 6-5).
- **To access the sub-menu for the other national reports**, type OTH at the “Select Reports Option:” prompt. The Other National Reports menu displays (Figure 6-6).
- **To access the sub-menu for the Taxonomy reports**, type TAX at the “Select Reports Options:” prompt. The Taxonomy Reports menu displays (Figure 6-7).

```

*****
**      IHS/RPMS CRS 2006      **
**      National GPRA Reports  **
*****
Version 6.0

DEMO HOSPITAL

GP      National GPRA Report
CMP     Comprehensive National GPRA Patient List
LST     National GPRA Report Patient List

Select National GPRA Reports Option:

```

Figure 6-4: National GPRA Reports Menu

```

*****
**                IHS/RPMS CRS 2006                **
**  Reports for Local Use: IHS Clinical Measures  **
*****
                        Version 6.0

                        DEMO HOSPITAL

COM   Selected Measures w/Community Specified
PP    Selected Measures w/Patient Panel Population
ALL   Selected Measures w/All Communities
CMS   CMS Performance Report

Select Reports for Local Use: IHS Clinical Measures Option:

```

Figure 6-5: Reports for Local Use Menu

```

*****
**                IHS/RPMS CRS 2006                **
**   Other National Reports                        **
*****
                        Version 6.0

                        DEMO HOSPITAL

GPU   GPRA Performance Report
ELD   Elder Care Report
HED   HEDIS Performance Report

Select Other National Reports Option:

```

Figure 6-6: Other National Reports Menu

```

*****
**                IHS/RPMS CRS 2006                **
**  Taxonomy Reports Menu                        **
*****
                        Version 6.0

                        DEMO HOSPITAL

TXL   Lab Taxonomy Report
TXM   Medication Taxonomy Report

Select Taxonomy Reports Option:

```

Figure 6-7: Taxonomy Reports Menu

6.3 Running the National GPRA Report

NOTE: Before running the National GPRA report for national (GPRA reporting) use, you should know the name of the community taxonomy to be used, if it's different from the default.

1. Follow steps 1 through 4 in section 6.2 to display the National GPRA Reports menu (Figure 6-8).

2. Type GP at the “Select National GPRA Reports Option:” prompt.

```

*****
**      IHS/RPMS CRS 2006      **
**      National GPRA Reports  **
*****
                        Version 6.0

                        DEMO HOSPITAL

GP      National GPRA Report
CMP     Comprehensive National GPRA Patient List
LST     National GPRA Report Patient List

Select National GPRA Reports Option: GP National GPRA Report

```

Figure 6-8: National GPRA Reports Menu

3. Information about the National GPRA report will appear and the site-populated taxonomies needed to run the report will be checked (Figure 6-9).

```

                        IHS 2006 National GPRA Report

This will produce a National GPRA report.
You will be asked to provide the Community taxonomy to determine which patients
will be included. This report will be run for the time period July 1, 2005
through June 30, 2006 with a baseline period of July 1, 1999 through
June 30, 2000. This report will include beneficiary population of
American Indian/Alaska Native only.

You can choose to export this data to the Area office. If you
answer yes at the export prompt, a report will be produced in export format
for the Area Office to use in Area aggregated data. Depending on site specific
configuration, the export file will either be automatically transmitted
directly to the Area or the site will have to send the file manually.

Checking for Taxonomies to support the National GPRA Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER:

```

Figure 6-9: Running the National GPRA Report: Report Description Display and Taxonomy Check

4. If the message The following taxonomies are missing or have no entries: displays, your report results for the measure that uses the taxonomy specified are likely to be inaccurate. To exit from the report to edit your taxonomies, type a caret (^) (Shift-6) at any prompt until you return to the main menu.

If the message All taxonomies are present. End of taxonomy check. Press ENTER: displays, press the Enter key to continue.

5. The screen prompts you for the Community taxonomy. Press the Enter key to select the default Community taxonomy or type a new name at the “Enter the Name of the Community Taxonomy:” prompt.

Type the first few letters of the taxonomy name to see a selection, or type two question marks (??) to see the entire list.

NOTE: If you are running the National GPRA report for national (GPRA reporting) use, you should use your site's official GPRA community taxonomy.

The screen displays your Home location, as defined in Site Parameters (section 4.2).

```
Specify the community taxonomy to determine which patients will be
included in the report.  You should have created this taxonomy using QMAN.

Enter the Name of the Community Taxonomy: BETA TEST COMMUNITIES//          FOR GPR
A BETA TEST
Your HOME location is defined as: UNDESIG LOCS asufac: 808799
Do you wish to export this data to Area? // N NO
```

Figure 6-10: Running the National GPRA Report: Selecting Community Taxonomy and Export Option

6. Type Y or N at the “Do you wish to export this data to Area?” prompt. You should only choose this option when you are ready to send final data to your Area Office.

NOTE: The data for the Childhood Height and Weight file is automatically included in the site's National GPRA report file when it chooses to export its data to the Area Office. This includes data for all children ages 0-18 years as of the report end date and includes visit data for which both a height and weight was taken during the period July 1, 1999 through June 30, 2006. The Area Office may create a combined file that contains unduplicated data from all facilities, which it may then send to the Division of Epidemiology, where it may construct frequency curves.

7. A Summary of the report will display (Figure 6-11), showing the pre-defined date ranges, selected community taxonomy name and Home location. If any of this information is incorrect, type a caret (^) (Shift-6) to return to a previous menu.

```

SUMMARY OF NATIONAL GPRA REPORT TO BE GENERATED

The date ranges for this report are:
Report Period:      Jul 01, 2005 to Jun 30, 2006
Previous Year Period:  Jul 01, 2004 to Jun 30, 2005
Baseline Period:     Jul 01, 1999 to Jun 30, 2000

The COMMUNITY Taxonomy to be used is: BETA TEST COMMUNITIES
The HOME location is: UNDESIG LOCS 808799

Please choose an output type.  For an explanation of the delimited
file please see the user manual.

Select one of the following:

P          Print Report on Printer or Screen
D          Create Delimited output file (for use in Excel)
B          Both a Printed Report and Delimited File

Select an Output Option: P//
DEVICE: HOME// 0;P-OTHER80 VT    Right Margin: 80//

```

Figure 6-11: Running the National GPRA Report: Selecting Print Options – Print to Screen

```

Select an Output Option: P// rint Report on Printer or Screen
DEVICE: HOME// HFS  HFS
HOST FILE NAME: C:\TMP\TMP.HFS//C:\lb_test.doc  ADDRESS/PARAMETERS: "WNS" //

```

Figure 6-12: Running the National GPRA Report: Selecting print Options - Print to an Electronic File

8. Type the corresponding letter for your output at the “Select an Output Option:” prompt.

- **P (Print)** will send the report file to your printer, your screen or an electronic file.
- **D (Delimited Output)** will produce an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation. The delimited output is particularly useful for patient lists because they can be sorted in multiple ways. (See Appendix B for detailed instructions.)
- **B (Both)** will produce both a printed report and a delimited file.

If you select P (Print), type in a printer or file name at the “Device:” prompt. In Figure 6-11, the default prompt is Home, which displays the information directly on the screen. The default prompt may vary at different sites. Turn on your logging or screen capture program before printing to screen, depending on the software you are using to access RPMS. To print a report to your screen without receiving multiple “Enter RETURN to continue” prompts, type 0;P-OTHER80 at the Home prompt (Figure 6-11).

If you want to print to a file or you don’t know your printer name, check with your Site Manager. At most sites, to print to a file, type Host or HFS, then designate the file location and name (Figure 6-12).

Generally you should plan to queue your report to run off hours, when the network is not as busy. At most sites, you can queue your report to print by typing **Q** at the prompt. Check with your Site Manager if you need further information about how to specify each of these options.

If you select D (Delimited) or B (Both) at the “Select an Output Option:” prompt, you will be prompted to print your file to the screen (S) or to an electronic file (F) (Figure 6-13). If this report will take several hours to run, it is recommended to print to a file.

If you select F (File), type the name of the delimited file at the “Enter a filename for the delimited output:” prompt. File names cannot exceed 40 characters and will automatically be given the extension .txt. Most sites will be set up to automatically print the file to your network’s Public directory. You may need to FTP the delimited file from Pub to your computer. Ask your Site Manager for additional information about retrieving files from your local network.

You will be prompted to queue the report to run at a later time. You can specify another day or another time.

```
Select an Output Option: P// d Create Delimited output file (for use in Excel)

You have selected to create a delimited output file. You can have this
output file created as a text file in the pub directory,
OR you can have the delimited output display on your screen so that
you can do a file capture. Keep in mind that if you choose to
do a screen capture you CANNOT Queue your report to run in the background!!

Select one of the following:

      S      SCREEN - delimited output will display on screen for capture
      F      FILE - delimited output will be written to a file in pub

Select output type: S// f FILE - delimited output will be written to a file in pub
Enter a filename for the delimited output (no more than 40 characters): mytestfile

When the report is finished your delimited output will be found in the
q:\ directory. The filename will be mytestfile.txt

Won't you queue this ? Y// y YES
Requested Start Time: NOW//20:00:00 (APR 27, 2006@20:00:00)
Tasked with 2033810
```

Figure 6-13: Running the National GPRA Report: Delimited Reports

6.4 Running the Comprehensive National GPRA Patient List

1. Follow steps 1 through 4 in section 6.2 to display the National GPRA Reports menu (Figure 6-14).
2. Type **CMP** at the “Select National GPRA Reports Option:” prompt.

```

*****
**      IHS/RPMS CRS 2006      **
**      National GPRA Reports  **
*****
                Version 6.0

                DEMO HOSPITAL

GP      National GPRA Report
CMP     Comprehensive National GPRA Patient List
LST     National GPRA Report Patient List

Select National GPRA Reports Option: CMP Comprehensive National GPRA Patient List

```

Figure 6-14: National GPRA Reports Menu

3. Information about the report is displayed. Press Enter.
4. A message is displayed warning you to the potential number of pages the report could include and recommending the delimited output option be selected. Press Enter to continue or type a caret (^) (Shift-6) to return to the previous menu.
5. The taxonomies are checked. If the message The following taxonomies are missing or have no entries: displays, your report results for the measure that uses the taxonomy specified are likely to be inaccurate. To exit from the report to edit your taxonomies, type a caret (^) (Shift-6) at any prompt until you return to the main menu.

If the message All taxonomies are present. End of taxonomy check.
Press ENTER: displays, press the Enter key to continue

6. Type the corresponding letter for the type of patient list you want to run.
 - R (Random) will produce a list containing 10% of the entire patient list for the indicator.
 - A (All Patients) will produce a list of all patients, indicating which denominator(s) and numerator(s) the patient meets.
 - P (By Provider) will produce a list of patients with a user-specified designated care provider.

NOTE: Printed patient lists are likely to require a great deal of paper, even when you are producing a Random list. Ensure that your selected printer has enough paper, particularly if you are running the report overnight. Only print patient lists when you need them, or print to an electronic file.

7. If you selected P (By Provider), type the designated provider name at the “Enter Designated Provider Name:” prompt.
8. Select the date range for the report (see Figure 6-15) by following steps a or b below.

Select one of the following:	
1	January 1 - December 31
2	April 1 - March 31
3	July 1 - June 30
4	October 1 - September 30
5	User-Defined Report Period
Enter the date range for your report:	

Figure 6-15: Running National GPRA Report Patient Lists, selecting report date range

- a. To select a pre-defined period (e.g. January 1 – December 31):
 - i. Select one of the first four options.
 - ii. Enter the calendar year of the report end date.
 - b. To enter your own report end date:
 - i. Select option 5, User-Defined Report Period.
 - ii. Enter the end date of the report in MM/DD/CCYY format (e.g. 11/30/2004).
9. Follow steps 5 and 8 in section 6.3 to select the community taxonomy and output option in order to finish running the report.

NOTE: Depending on a variety of factors, including the size of your database, type of list selected, and/or your server configuration (RAM, processor speed, etc.), **the report may take 6-8 hours to run.** Always test your first report at night or on the weekend.

6.5 Running the National GPRA Report Patient Lists

1. Follow steps 1 through 4 in section 6.2 to display the National GPRA Reports menu (Figure 6-16).
2. Type LST at the “Select National GPRA Reports Option:” prompt.

```

*****
**      IHS/RPMS CRS 2006      **
**      National GPRA Reports  **
*****
                        Version 6.0

                        DEMO HOSPITAL

GP      National GPRA Report
CMP     Comprehensive National GPRA Patient List
LST     National GPRA Report Patient List

Select National GPRA Reports Option:

```

Figure 6-16: National GPRA Reports Menu

3. Information about the National GPRA Report patient lists will display and the site-populated taxonomies needed to run the report will be checked (Figure 6-17).
4. If the message The following taxonomies are missing or have no entries: displays, your report results for the measure that uses the taxonomy specified are likely to be inaccurate. To exit from the report to edit your taxonomies, type a caret (^) (Shift-6) at any prompt until you return to the main menu.

If the message All taxonomies are present. End of taxonomy check. Press ENTER: displays, press the Enter key to continue.

```

                        IHS GPRA Performance Report Patient List
                        CRS 2006, Version 6.0

This will produce a list of patients who either met, did not meet
or to list both those that met and did not meet a National performance
measure. You will be asked to select one or more performance measure
topics and then to choose which performance measure numerators you
would like to report on.

You will be asked to provide the Community taxonomy to determine
which patients will be included.
This report will be run for a time period selected by the user.
This report will include beneficiary population of American Indian/Alaska
Native only.
Checking for Taxonomies to support the National GPRA Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER:

```

Figure 6-17: Running National GPRA Report Patient Lists: Report Description Display and Taxonomy Check

5. The Performance Measure Selection screen will display with the list of available topics. (Figure 6-18).

```

PERFORMANCE MEASURE SELECTION Sep 26, 2005 11:18:59      Page:      1 of      2
IHS Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Prevalence
2)  Diabetes:  Glycemic Control
3)  Diabetes:  Blood Pressure Control
4)  Diabetes:  Lipids Assessment
5)  Diabetes:  Nephropathy Assessment
6)  Diabetes:  Diabetic Retinopathy
7)  Access to Dental Services
8)  Dental Sealants
9)  Topical Fluoride
10) Adult Immunizations:  Influenza
11) Adult Immunizations:  Pneumovax
12) Childhood Immunizations
13) Cancer Screening: Pap Smear Rates
14) Cancer Screening: Mammogram Rates
15) Colorectal Cancer Screening
16) Tobacco Use and Exposure Assessment
+      Enter ?? for more actions
S      Select Measure      D      De Select Measure
Select Action:+//

```

Figure 6-18: Running National GPRA Report Patient Lists, selecting performance measure topics

6. Type a plus sign (+) at the “Select Action:” prompt to see the next page of the list of indicators. Type a hyphen (-) at the “Select Action:” prompt to return to the previous page.
7. Type **S** at the “Select Action:” prompt to select specific topics.
8. Type the number(s) corresponding to the performance measure topics you want to select at the “Which Items?” prompt.

You can type ranges (e.g., 1-4) or a series of number (e.g., 1, 4, 5, 10) or a combination of numbers and ranges (e.g., 1-4, 8, 12).

After pressing the Enter key, the topics you selected will have an asterisk at the left side (Figure 6-19).

9. Type **Q** (Quit) when you have completed selecting topics at the “Select Action:” prompt.

```

PERFORMANCE MEASURE SELECTION Sep 26, 2005 11:20:44      Page:      1 of      2
IHS Clinical Performance Measures
* indicates the performance measure has been selected

*1)  Diabetes Prevalence
*2)  Diabetes:  Glycemic Control
3)   Diabetes:  Blood Pressure Control
4)   Diabetes:  Lipids Assessment
5)   Diabetes:  Nephropathy Assessment
6)   Diabetes:  Diabetic Retinopathy
7)   Access to Dental Services
8)   Dental Sealants
9)   Topical Fluoride
10)  Adult Immunizations:  Influenza
11)  Adult Immunizations:  Pneumovax
12)  Childhood Immunizations
13)  Cancer Screening: Pap Smear Rates
14)  Cancer Screening: Mammogram Rates
15)  Colorectal Cancer Screening
16)  Tobacco Use and Exposure Assessment
+    Enter ?? for more actions
S    Select Measure      D    De Select Measure
Select Action:+// Q Quit

```

Figure 6-19: Running National GPRA Report Patient Lists, showing selected topics

10. Patient lists available for the first topic you selected are displayed (Figure 6-20). Type the number of the list you would like to print and press Enter. You may type a range of patient lists as described in step 8 above. If you selected more than one topic, the next patient lists available will be displayed.

```

Please select one or more of these report choices within the
Diabetes Prevalence performance measure topic.

      1)  Diabetes DX Ever
Which item(s):  (1-1):  1

Please select one or more of these report choices within the
Diabetes:  Glycemic Control performance measure topic.

      1)  Documented HbA1c
      2)  No Documented HbA1c
      3)  Poor Glycemic Control
      4)  Ideal Glycemic Control
Which item(s):  (1-4):  1,3

Select List Type.
NOTE:  If you select ALL Patients, your list may be
hundreds of pages and take hours to print.

      Select one of the following:

      R      Random Patient List
      P      Patient List by Provider
      A      All Patients

Choose report type for the Lists:  R// P Patient List by Provider
Enter Designated Provider Name:  Provider,Arlis

```

Figure 6-20: Running National GPRA Report Patient Lists, selecting patient lists for each topic

11. To select the list type, type the corresponding letter (i.e., R, A, or P) to select either a random patient list, list containing all patients, or a list of patients by a designated provider. See step 6 in section 6.4 for a description of the types of patient lists.

NOTE: Printed patient lists are likely to require a great deal of paper, even when you are producing a Random list. Ensure that your selected printer has enough paper, particularly if you are running the report overnight. Only print patient lists when you need them, or print to an electronic file.

12. If you selected **P** (By Provider), type the designated provider name at the “Enter Designated Provider Name:” prompt.

13. Select the date range for the report (Figure 6-21) by following steps a or b below.

Select one of the following:	
1	January 1 - December 31
2	April 1 - March 31
3	July 1 - June 30
4	October 1 - September 30
5	User-Defined Report Period
Enter the date range for your report:	

Figure 6-21: Running National GPRA Report Patient Lists, selecting report date range

- a. To select a pre-defined period (e.g. January 1 – December 31):
 - i. Select one of the first four options.
 - ii. Enter the calendar year of the report end date.
- b. To enter your own report end date:
 - i. Select option 5, User-Defined Report Period.
 - ii. Enter the end date of the report in MM/DD/CCYY format (e.g. 11/30/2004).

NOTE: The Baseline Year for all National GPRA reports is set to 2000 and the patient population is set to AI/AN only. Neither of these may be changed.

14. Follow steps 5 and 8 in section 6.3 to select community taxonomy and output option in order to finish running the report.

NOTE: Depending on a variety of factors, including the number of indicators selected, the size of your database, and/or your server configuration (RAM, processor speed, etc.), **the report may take 6-8 hours to run.** Always test your first report at night or on the weekend.

6.6 Running the Selected Measures Reports with Patient Lists

Three of the four types of local use reports are called Selected Measures reports and allow sites to choose the performance measures to be included in the report or to select from a list of pre-defined reports and to customize the population and population-type (e.g. AI/AN patients only) that are included. Section 5.1 Reports and Patient Lists provides detailed descriptions of each report.

The fourth local report is the CMS (Centers for Medicare & Medicaid Services) report for use by IHS hospitals for reporting on CMS hospital quality measures.

1. Follow steps 1 through 4 in section 6.2 above to display the Reports for Local Use menu (Figure 6-22).

```

*****
**                IHS/RPMS CRS 2006                **
**  Reports for Local Use: IHS Clinical Measures  **
*****
                        Version 6.0

                        DEMO HOSPITAL

COM   Selected Measures w/Community Specified
PP    Selected Measures w/Patient Panel Population
ALL   Selected Measures w/All Communities
CMS   CMS Performance Report

Select Reports for Local Use: IHS Clinical Measures Option:

```

Figure 6-22: Reports for Local Use Menu

The report options are defined below.

- **COM** Reports only on patients residing in a community of residence that is included in the Community Taxonomy selected by the user.
- **PP** Reports only on patients included in a patient panel selected by the user (see Appendix C for additional information about creating a patient list as a FileMan search template using QMan).
- **ALL** Reports on all patients in the site's RPMS database, regardless of community of residence.

- **CMS** Produces a CMS report for use by IHS hospitals in reporting on CMS hospital quality measures. Includes all patients in the local RPMS database who meet the criteria for the report.

NOTE: If you want to stop at any time during the report setup, type a caret (^) at any prompt until you return to your desired location.

6.6.1 Running the Selected Measures Community Specified Report

1. From the Reports for Local Use Menu (Figure 6-22), type **COM**.
2. Information about the report and a list of performance measure topics are displayed (Figure 6-23). Type the code of one of three pre-defined reports (i.e., **DM**, **CVD**, or **WH**) or type **SEL** to choose your own. The **SEL** option allows you to select one or multiple measure topics. See section 5.2 Report Content for a description of the topics contained in the pre-defined reports.

Select Reports for Local Use: IHS Clinical Measures Option: **COM** Selected Measures w/Community Specified

IHS 2006 CRS - Clinical Performance Measure Report (Selected Measures)
This will produce a Performance Measure Report for one or more measures for a year period you specify. You will be asked to provide: 1) the reporting period, 2) the baseline period to compare data to, and 3) the Community taxonomy to determine which patients will be included.

Select one of the following:

DM	Diabetes-Related Measures
CVD	Cardiovascular Disease Prevention for At-Risk Patients
WH	Women's Health-Related Measures
SEL	Selected Performance Measures (User Defined)

Which set of Performance measures should be included in this report: **SEL** Selected Performance Measures (User Defined)

Figure 6-23: Running Selected Measures Reports: Selecting Report Topics

3. If you selected a pre-defined report (i.e., **DM**, **CVD**, or **WH**), skip to step 14 below to select patient lists.

If you typed **SEL** (Selected), the Performance Measure Selection screen will appear with the list of available measure topics. (Figure 6-24).

Type a plus sign (+) at the "Select Action:" prompt to display the next page of the list of measures. Type a hyphen (-) at the "Select Action:" prompt to display the previous page of the list of measures.

4. Type **S** (Select Measure) to select specific topics.
5. Type the number(s) corresponding to the measure topics you want to select at the "Which Items?" prompt.

You can type ranges (e.g., 1-4) or a series of number (e.g., 1, 4, 5, 10) or a combination of numbers and ranges (e.g., 1-4, 8, 12).

PERFORMANCE MEASURE SELECTION Sep 26, 2005 11:53:12		Page:	1 of 3
IHS Clinical Performance Measures			
* indicates the performance measure has been selected			
<ul style="list-style-type: none"> 1) Diabetes Prevalence 2) Diabetes Comprehensive Care 3) Diabetes: Glycemic Control 4) Diabetes: Blood Pressure Control 5) Diabetes: Lipids Assessment 6) Diabetes: Nephropathy Assessment 7) Diabetes: Diabetic Retinopathy 8) Diabetes: Access to Dental Services 9) Access to Dental Services 10) Dental Sealants 11) Topical Fluoride 12) Adult Immunizations: Influenza 13) Adult Immunizations: Pneumovax 14) Childhood Immunizations 15) Cancer Screening: Pap Smear Rates 16) Cancer Screening: Mammogram Rates 17) Colorectal Cancer Screening 18) Tobacco Use and Exposure Assessment 19) Tobacco Cessation 20) Alcohol Screening (FAS Prevention) 21) Intimate Partner (Domestic) Violence Screening 22) Depression Screening 23) Antidepressant Medication Management 24) Obesity Assessment 25) Childhood Weight Control 26) Nutrition and Exercise Education for At Risk Patients 27) Cardiovascular Disease and Cholesterol Screening 28) Cardiovascular Disease and Blood Pressure Control 29) Controlling High Blood Pressure 30) Comprehensive CVD-Related Assessment 31) Beta-Blocker Treatment After a Heart Attack 32) Persistence of Beta-Blocker Treatment After a Heart Attack 33) Cholesterol Management After Acute Cardiovascular Event 34) Prenatal HIV Testing 35) HIV Quality of Care 36) Chlamydia Testing 37) Osteoporosis Management 38) Osteoporosis Screening in Women 39) Asthma 40) Asthma Quality of Care 41) Chronic Kidney Disease Assessment 42) Prediabetes/Metabolic Syndrome 43) Medications Education 44) Public Health Nursing 			
Enter ?? for more actions			
S	Select Measure	D	De Select Measure
Select Action: +// 2,6,14,15			

Figure 6-24: Running Selected Measures Reports, Selecting Performance Measure Topics

NOTE: In the figure above, so all topics could be listed in one figure, the screen has been modified from the way it will look on your screen. Normally only one

screen of topics is listed and you must press Enter or + to view the remaining topics.

After pressing the Enter key, the measure topics you selected will have an asterisk at the left side (Figure 6-25).

6. Type Q (Quit) when you have completed selecting topics at the “Select Action:” prompt.

```

PERFORMANCE MEASURE SELECTION Sep 26, 2005 12:01:06          Page:    1 of    3
IHS Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Prevalence
*2) Diabetes Comprehensive Care
3)  Diabetes: Glycemic Control
4)  Diabetes: Blood Pressure Control
5)  Diabetes: Lipids Assessment
*6) Diabetes: Nephropathy Assessment
7)  Diabetes: Diabetic Retinopathy
8)  Diabetes: Access to Dental Services
9)  Access to Dental Services
10) Dental Sealants
11) Topical Fluoride
12) Adult Immunizations: Influenza
13) Adult Immunizations: Pneumovax
*14) Childhood Immunizations
*15) Cancer Screening: Pap Smear Rates
16) Cancer Screening: Mammogram Rates
+      Enter ?? for more actions
S      Select Measure      D      De Select Measure
Select Action: +// Q Quit

```

Figure 6-25: Running Selected Measures Reports, showing selected performance measure topics

7. The taxonomies required to run the report will be checked. Press the Enter key to continue.
8. Select the date range for the report by typing the number corresponding to the appropriate ending date for the report at the “Enter the date range for your report:” prompt. To ensure reporting accuracy and data comparability, end dates are predefined based on fiscal year quarters.

All reports review and calculate data for at least a one year time period, i.e., searching patient records for data matching the numerator criteria for the entire Current Report period selected by the user.

9. Type the 4-digit calendar year for the report end date (e.g., 2006) at the “Enter Year:” prompt.

NOTE: If you pick a report period end date that is greater than the date you are running the report, a warning message will be displayed advising you of this. A prompt will be displayed asking if you want to change your Current Report Dates. To continue with the report, accept the default answer of “no” by pressing enter. To change your report date range, type Y.

10. Type the 4-digit baseline year at the “Enter Year:” prompt.
11. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline.

```
Select one of the following:

1      January 1 - December 31
2      April 1 - March 31
3      July 1 - June 30
4      October 1 - September 30

Enter the date range for your report: 3  July 1 - June 30

Enter the Calendar Year for the report END date.  Use a 4 digit
year, e.g. 2004
Enter Year:  2005  (2005)

Enter the Baseline Year to compare data to.
Use a 4 digit year, e.g. 1999, 2000
Enter Year (e.g. 2000):  2000  (2000)

The date ranges for this report are:
Reporting Period:      Jul 01, 2004 to Jun 30, 2005
Previous Year Period:  Jul 01, 2003 to Jun 30, 2004
Baseline Period:      Jul 01, 1999 to Jun 30, 2000
```

Figure 6-26: Running Selected Measure Reports, selecting report date ranges

12. At the “Enter the Name of the Community Taxonomy:” prompt, either press the Enter key to select the default Community taxonomy or type a new name. To enter a new taxonomy name, you may type the first few letters of the taxonomy name to see a selection, or type two question marks (??) to see the entire list.
13. The screen will now display your Home location, as defined in the Site Parameters (section 4.2).
14. You must have security access to run any patient list. If you have security access and want to include patient lists in addition to the report, type Y (Yes) at the “Do you want patient lists for any of the measures?” prompt.

The Measure List Selection screen will display (Figure 6-27). Only the topics that you have selected for your report will be listed.

If you typed N (No), skip to step 20 to complete report selection.

15. Type S (Select List) to select patient lists for specific measure topics.
16. Type the number(s) corresponding to the measures you want to select at the “Which Items?” prompt.

After pressing the Enter key, the measure topics you selected will have an asterisk at the left side (Figure 6-27).

```

Do you want patient lists for any the measures? N//Y Yes

MEASURE LIST SELECTION      Sep 26, 2005 12:06:44      Page:      1 of      1
IHS 2006 Clinical Performance Measure Lists of Patients
* indicates the list has been selected

1)  DM Comprehensive Care: List of diabetic pts w/documentated tests, if any
2)  DM Nephropathy: List of patients with tests & values, if any
*3) Childhood Imm: List of Pts 19-35 months with IZ, if any
*4) Pap Smear Rates: List of women 21-64 w/documentated test/refusal, if any

      Enter ?? for more actions
S      Select List              D      De Select List
A      All Lists
Select Action:+//

```

Figure 6-27: Running Selected Measures Reports, choosing patient lists

17. Type Q (Quit) when you have completed selecting topics.

18. To select the list type, type the corresponding letter (i.e., R, A, or P) to select either a random patient list, list containing all patients, or a list of patients by a designated provider. See step 6 in section 6.4 for a description of the types of patient lists.

19. If you selected P (By Provider), type the designated provider name at the “Enter Designated Provider Name:” prompt.

```

For these lists select which patient list you would like.

      Select one of the following:

      R      Random Patient List
      A      All Patients
      P      Patient List by Provider

Choose report type for the Lists: R// P Patient List by Provider
Enter Designated Provider Name: Acord,Arlis      AA

```

Figure 6-28: Running Selected Measures Reports, selecting patient list type

20. Type the number corresponding to the Beneficiary population you want to include in your report. This allows you to specify one of three options: American Indian and Alaska Natives (AI/AN) only, patients who are not AI/AN, or your entire population.

```

      Select one of the following:

      1      Indian/Alaskan Native (Classification 01)
      2      Not Indian Alaskan/Native (Not Classification 01)
      3      All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1// 1 Indian/Alaskan N
ative (Classification 01)

```

Figure 6-29: Running Selected Measures Reports, selecting beneficiary population

21. A summary of the Selected Measures report will display (Figure 6-30).

```
SUMMARY OF 2006 CLINICAL MEASURE PERFORMANCE REPORT TO BE GENERATED

The date ranges for this report are:
  Report Period:          Jul 01, 2004 to Jun 30, 2005
  Previous Year Period:   Jul 01, 2003 to Jun 30, 2004
  Baseline Period:       Jul 01, 1999 to Jun 30, 2000

The COMMUNITY Taxonomy to be used is: BETA TEST COMMUNITIES
The HOME location is: UNDESIG LOCS 808799

These performance measures will be calculated: Diabetes Comprehensive Care ; Dia
betes: Nephropathy Assessment ; Childhood Immunizations ; Cancer Screening: Pap
Smear Rates ;

Lists will be produced for these measures: Childhood Immunizations ; Cancer Scre
ening: Pap Smear Rates ;
```

Figure 6-30: Summary Screen for Selected Measures Report

22. Follow step 8 in section 6.3 above to determine the output (e.g., print to screen, delimited file, etc.) to finish running the report.

NOTE: This is the last point from which you can exit before starting the report process. **The report may take 6-10 hours to run if you have included patient lists.** Always test your first report at night or on the weekend.

If you need to exit, type a caret (^) at the "Device:" prompt.

```

Please choose an output type.  For an explanation of the delimited
file please see the user manual.

    Select one of the following:

        P          Print Report on Printer or Screen
        D          Create Delimited output file (for use in Excel)
        B          Both a Printed Report and Delimited File

Select an Output Option: P// b  Both a printed report and Delimited File

You have selected to create a delimited output file.  You can have this
output file created as a text file in the pub directory,
OR you can have the delimited output display on your screen so that
you can do a file capture.  Keep in mind that if you choose to
do a screen capture you CANNOT Queue your report to run in the background!!

    Select one of the following:

        S          SCREEN - delimited output will display on screen for capture
        F          FILE - delimited output will be written to a file in pub

Select output type: S// FILE - delimited output will be written to a file in pub
Enter a filename for the delimited output (no more than 40 characters): stst3-6

When the report is finished your delimited output will be found in the
directory.  The filename will be stst3-6.txt

DEVICE: HOME//      Right Margin: 80//

```

Figure 6-31: Running the Selected Measures Report: Print Options

6.6.2 Running the Selected Measures with Patient Panel Report

1. From the Reports for Local Use Menu (Figure 6-22), type PP.
2. Information about the Selected Indicators report is displayed and the taxonomies required to run the report will be checked (Figure 6-32). Press Enter to continue.

```

2006 Clinical Performance Measure Report (Selected Measures)
Report on all Patients in a User Defined Search Template

This will produce a Performance Measure Report for one or more measures for a
year period you specify.  You will be asked to provide: 1) the
reporting period, 2) the baseline period to compare data to, and 3) the
Community taxonomy to determine which patients will be included.

NOTE:  With this option all patients in a user defined search template
will be included in the report.  The user population and active clinical user
logic will NOT be applied.
You can create a search template using Q-MAN, PGEN, VGEN or other
RPMS options.

Checking for Taxonomies to support the CRS Report...

All taxonomies are present.

End of taxonomy check.  PRESS ENTER:

```

Figure 6-32: Running Selected Measures Patient Panel Report: Display Message

3. At the “Enter SEARCH TEMPLATE name:” prompt, type in the name of the Search Template (i.e. patient panel) you want to use. (See Appendix C: Creating a Patient Panel for assistance in creating a search template.)

NOTE: This field is case-sensitive. Therefore, if the Caps Lock key is on and you enter the first few letters of the search template name, you will only see a list of search templates that are named in all capital letters; no search templates with names in lower case letters will be displayed.

4. Type the code of one of three pre-defined reports (i.e., DM, CVD, or WH) or type **SEL** to choose your own. The SEL option allows you to select one or multiple performance measure topics. See section 5.2 Report Content for a description of the topics contained in the pre-defined topic reports.
5. If you selected a pre-defined report (i.e., DM, CVD, or WH), skip to step 11 below to select patient lists.
6. If you typed **SEL** (Selected), the Performance Measure Selection screen will appear with the list of available measure topics. (Figure 6-24).

Type a plus sign (+) at the “Select Action:” prompt to display the next page of the list of measures. Type a hyphen (-) at the “Select Action:” prompt to display the previous page of the list of measures.

7. Type **S** (Select Measure) to select specific topics.
8. Type the number(s) corresponding to the measure topics you want to select at the “Which Items?” prompt.

You can type ranges (e.g., 1-4) or a series of number (e.g., 1, 4, 5, 10) or a combination of numbers and ranges (e.g., 1-4, 8, 12).

9. After pressing the Enter key, the measure topics you selected will have an asterisk at the left side (Figure 6-25).
10. Type **Q** (Quit) when you have completed selecting topics at the “Select Action:” prompt.
11. You must have security access to run any patient list. If you have security access and if you want patient lists in addition to the report, type **Y** (Yes) at the “Do you want individual patient lists for any of the measures?” prompt.

The Measure List Selection screen will display. Only the topics that you have selected for your report will be listed.

If you typed **N** (No), skip to step 17 to complete report selection.

12. Type **S** (Select List) to select patient lists for specific measure topics.

13. Type the number(s) corresponding to the measures you want to select at the “Which Items?” prompt.

After pressing the Enter key, the topics you selected will have an asterisk at the left side.

14. Type **Q** (Quit) when you have completed selecting topics.
15. To select the list type, type the corresponding letter (i.e., **R**, **A**, or **P**) to select either a random patient list, list containing all patients, or a list of patients by a designated provider for the type of patient list you want to run. See step 6 in section 6.4 for a description of the types of patient lists.
16. If you selected **P** (By Provider), type the designated provider name at the “Enter Designated Provider Name:” prompt.
17. Select the date range for the report by typing the number corresponding to the appropriate ending date for the report at the “Enter the date range for your report:” prompt. To ensure reporting accuracy and data comparability, end dates are predefined based on fiscal year quarters.

All reports review and calculate data for at least a one year time period, i.e., searching patient records for data matching the numerator criteria for the entire Current Report period selected by the user.

18. Type the 4-digit calendar year for the report end date (e.g., 2005) at the “Enter Year:” prompt.

NOTE: If you pick a report period end date that is greater than the date you are running the report, a warning message will be displayed advising you of this. A prompt will be displayed asking if you want to change your Current Report Dates. To continue with the report, accept the default answer of “no” by pressing enter. To change your report date range, type **Y**.

19. Type the 4-digit baseline year at the “Enter Year:” prompt.
20. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline.
21. A summary of the Selected Measures report will display (Figure 6-33).

```
SUMMARY OF 2006 CLINICAL MEASURE PERFORMANCE REPORT TO BE GENERATED

The date ranges for this report are:
  Report Period:      Jan 01, 2005 to Dec 31, 2005
  Previous Year Period: Jan 01, 2004 to Dec 31, 2004
  Baseline Period:    Jan 01, 2000 to Dec 31, 2000

The following search template of patients will be included in
this report: DEMO PATIENT PANEL
The HOME location is: UNDESIG LOCS 808799

These measures will be calculated: Diabetes Prevalence ; Diabetes Comprehensive
Care ;

Lists will be produced for these measures: Diabetes Prevalence ; Diabetes Compre
hensive Care ;
```

Figure 6-33: Running Selected Measures Patient Panel Report: Summary of Report to be Run

22. Follow step 8 in section 6.3 above to determine the output (e.g., print to screen, delimited file, etc.) to finish running the report.

NOTE: This is the last point from which you can exit before starting the report process. **The report may take 6-10 hours to run if you have included patient lists.** Always test your first report at night or on the weekend.

If you need to exit, type a caret (^) at the "Device:" prompt.

6.6.3 Running the Selected Measures with All Communities Report

1. From the Reports for Local Use Menu (Figure 6-22), type ALL.
2. Information about the Selected Measures report and a list of performance measure topics are displayed (Figure 6-34). Type the code of one of three pre-defined reports (i.e., DM, CVD, or WH) or type SEL to choose your own. The SEL option allows you to select one or multiple measure topics. See section 5.2 Report Content for a description of the topics contained in the pre-defined topic reports.

IHS 2006 Clinical Performance Measure Report (Selected Measures)
Report on all Patients regardless of Community of Residence

This will produce a Performance Measure Report for one or more measures for a year period you specify. You will be asked to provide: 1) the reporting period, 2) the baseline period to compare data to, and 3) the Community taxonomy to determine which patients will be included.

NOTE: With this option all patients in your database will be reviewed regardless of what community they live in. You will NOT be asked to enter a community taxonomy name.

Select one of the following:

DM	Diabetes-Related Measures
CVD	Cardiovascular Disease Prevention for At-Risk Patients
WH	Women's Health-Related Measures
SEL	Selected Measures (User Defined)

Which set of Measures should be included in this report:

Figure 6-34: Running Selected Measures All Communities Report: Display Message

- If you selected a pre-defined report (i.e., DM, CVD, or WH), skip to step 9 below to select patient lists.
- If you typed **SEL** (Selected), the Performance Measure Selection screen will appear with the list of available topics. (Figure 6-24).

Type a plus sign (+) at the "Select Action:" prompt to display the next page of the list of measures. Type a hyphen (-) at the "Select Action:" prompt to display the previous page of the list of measures.

- Type **S** (Select Measure) to select specific topics.
- Type the number(s) corresponding to the topics you want to select at the "Which Items?" prompt.

You can type ranges (e.g., 1-4) or a series of number (e.g., 1, 4, 5, 10) or a combination of numbers and ranges (e.g., 1-4, 8, 12).

- After pressing the Enter key, the topics you selected will have an asterisk at the left side (Figure 6-25).
- Type **Q** (Quit) when you have completed selecting topics at the "Select Action:" prompt.
- You must have security access to run any patient list. If you have security access and if you want patient lists in addition to the report, type **Y** (Yes) at the "Do you want individual patient lists for any of the measures?" prompt.

The Measure List Selection screen will display. Only the topics that you have selected for your report will be listed.

If you typed N (No), skip to step 15 to complete report selection.

10. Type **S** (Select List) to select patient lists for specific measure topics.
11. Type the number(s) corresponding to the measures you want to select at the “Which Items?” prompt.

After pressing the Enter key, the topics you selected will have an asterisk at the left side.
12. Type **Q** (Quit) when you have completed selecting topics.
13. To select the list type, type the corresponding letter (i.e., R, A, or P) to select either a random patient list, list containing all patients, or a list of patients by a designated provider for the type of patient list you want to run. See step 6 in section 6.4 for a description of the types of patient lists.
14. If you selected **P** (By Provider), type the designated provider name at the “Enter Designated Provider Name:” prompt.
15. The taxonomies required to run the report will be checked. Press the Enter key to continue.

16. Select the date range for the report by typing the number corresponding to the appropriate ending date for the report at the “Enter the date range for your report:” prompt. To ensure reporting accuracy and data comparability, end dates are predefined based on fiscal year quarters.

All reports review and calculate data for at least a one year time period, i.e., searching patient records for data matching the numerator criteria for the entire Current Report period selected by the user.

17. Type the 4-digit calendar year for the report end date (e.g., 2005) at the “Enter Year:” prompt.

NOTE: If you pick a report period end date that is greater than the date you are running the report, a warning message will be displayed advising you of this. A prompt will be displayed asking if you want to change your Current Report Dates. To continue with the report, accept the default answer of “no” by pressing enter. To change your report date range, type Y.

18. Type the 4-digit baseline year at the “Enter Year:” prompt.
19. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline, and your Home location, as defined in the Site Parameters (section 4.2).

20. Type the number corresponding to the Beneficiary population you want to include in your report. This allows you to specify one of three options: American Indian and Alaska Natives (AI/AN) only, patients who are not AI/AN, or your entire population.

21. A summary of the Selected Measures report will display (Figure 6-35).

```
SUMMARY OF 2006 CLINICAL MEASURE PERFORMANCE REPORT TO BE GENERATED

The date ranges for this report are:
  Report Period:      Jan 01, 2003 to Dec 31, 2003
  Previous Year Period: Jan 01, 2002 to Dec 31, 2002
  Baseline Period:    Jan 01, 2000 to Dec 31, 2000

ALL Communities included.
The HOME location is: UNDESIG LOCS 808799

These measures will be calculated: Diabetes Prevalence ; Diabetes Comprehensive
Care ; Diabetes: Glycemic Control ; Diabetes: Blood Pressure Control ;

Lists will be produced for these measures:

Please choose an output type.  For an explanation of the delimited
file please see the user manual.

      Select one of the following:

      P      Print Report on Printer or Screen
      D      Create Delimited output file (for use in Excel)
      B      Both a Printed Report and Delimited File

Select an Output Option: P//
```

Figure 6-35: Running Selected Measures All Communities Report: Summary of Report to be Run

22. Follow step 8 in section 6.3 above to determine the output (e.g., print to screen, delimited file, etc.) to finish running the report.

NOTE: This is the last point from which you can exit before starting the report process. **The report may take up to 24 hours or longer to run if you have included patient lists.** Always test your first report at night or on the weekend.

If you need to exit, type a caret (^) at the "Device:" prompt.

6.6.4 Running the CMS Report

1. From the Reports for Local Use Menu (Figure 6-22), type CMS.
2. Information about the report is displayed, and you are prompted to enter the name of your hospital. The default facility name, as defined in the Site Parameters (section 4.2), is displayed. Press Enter to accept the default or type the name of a different hospital.

```
IHS 2006 CRS - RPMS PATIENT DATA FOR ANNUAL CMS HOSPITAL REPORTING
This will produce a Performance Measure Report for one or more measures for a
year period you specify. You will be asked to provide: 1) the
reporting period and which CMS measures to list.
```

```
Enter the name of your Hospital: DEMO HOSPITAL//
```

Figure 6-36: Running the CMS Performance Report: Selecting Hospital

3. The CMS Measure Selection screen will appear with the list of available measure topics. (Figure 6-37).
4. Type S (Select Measure) to select specific measures or type A (All Measures) to select all measures. If you typed A, skip to step 6.
5. If you typed S, type the number(s) corresponding to the measure you want to select at the “Which Items?” prompt.

You can type ranges (e.g., 1-2) or a series of number (e.g., 1, 3).

6. After pressing the Enter key, the measures you selected will have an asterisk at the left side.
7. Type Q (Quit) when you have completed selecting measures at the “Select Action:” prompt.

```
CMS MEASURE SELECTION          Sep 26, 2005 13:57:41          Page:    1 of    1
CMS Performance Measures
* indicates the performance measure has been selected

1)  Heart Attack (Acute Myocardial Infarction or AMI) Treatment
2)  Heart Failure
3)  Pneumonia Treatment

Enter ?? for more actions
S    Select Measure          R    Remove Measure          A    All Measures
Select Action:+//
```

Figure 6-37: Running the CMS Performance Report: Selecting CMS Performance Measures

8. The taxonomies required to run the report will be checked. Press the Enter key to continue.
9. Select the date range for the report (Figure 6-38) by following steps a or b below.

Select one of the following:	
1	January 1 - December 31
2	April 1 - March 31
3	July 1 - June 30
4	October 1 - September 30
5	User-Defined Report Period
Enter the date range for your report:	

Figure 6-38: Running the CMS Performance Report: Selecting Report Date Range

- a. To select a pre-defined period (e.g. January 1 – December 31):
 - i. Select one of the first four options.
 - ii. Enter the calendar year of the report end date.
 - b. To enter your own report end date:
 - i. Select option 5, User-Defined Report Period.
 - ii. Enter the end date of the report in MM/DD/CCYY format (e.g. 11/30/2004).
10. At the “Device:” prompt type in a printer or file name at. The default prompt may vary at different sites. Turn on your logging or screen capture program before printing to screen, depending on the software you are using to access RPMS. To print a report to your screen without receiving multiple “Enter RETURN to continue” prompts, type 0;P-OTHER80 at the Home prompt.

If you want to print to a file or you don’t know your printer name, check with your Site Manager. At most sites, to print to a file, type Host or HFS, then designate the file location and name.

NOTE: This is the last point from which you can exit before starting the report process. **The report may take up to several hours or longer to run since it includes patient lists.** Always test your first report at night or on the weekend.

If you need to exit, type a caret (^) at the “Device:” prompt.

6.7 Running the GPRA Performance Report

1. Follow steps 1 through 4 in section 6.1.11 above to display the Other National Reports menu (Figure 6-39).
2. Type GPU at the “Select Other National Reports Option:” prompt.

```

*****
**      IHS/RPMS CRS 2006      **
**      Other National Reports  **
*****
Version 6.0

DEMO HOSPITAL

GPU      GPRA Performance Report
ELD      Elder Care Report
HED      HEDIS Performance Report

Select Other National Reports Option: GPU  GPRA Performance Report

```

Figure 6-39: Other National Reports Menu

3. Information about the GPRA Performance report will appear and the site-populated taxonomies needed to run the report will be checked (Figure 6-40).

```

IHS GPRA Performance Report for a User Selected Date Range

This will produce a National GPRA report for a year period you specify.

You will be asked to provide: 1) the reporting period, 2) the baseline
period to compare data to, 3) the Community taxonomy and 4) the patient
population (i.e. AI/AN only, non AI/AN, or both) to determine which
patients will be included.

You can choose to export this data to the Area office.  If you
answer yes at the export prompt, a report will be produced in export format
for the Area Office to use in Area aggregated data.  Depending on site specific
configuration, the export file will either be automatically transmitted
directly to the Area or the site will have to send the file manually.

Checking for Taxonomies to support the GPRA Performance Report...

All taxonomies are present.

End of taxonomy check.  PRESS ENTER:

```

Figure 6-40: Running the GPRA Performance Report: Report Description Display and Taxonomy check

4. Select the date range for the report (Figure 6-41) by following steps a or b below.

```

Select one of the following:

1      January 1 - December 31
2      April 1 - March 31
3      July 1 - June 30
4      October 1 - September 30
5      User-Defined Report Period

Enter the date range for your report:

```

Figure 6-41: Running the GPRA Performance report, selecting report date range

- a. To select a pre-defined period (e.g. January 1 – December 31):
 - i. Select one of the first four options.

- ii. Enter the calendar year of the report end date.
- b. To enter your own report end date:
 - i. Select option 5, User-Defined Report Period.
 - ii. Enter the end date of the report in MM/DD/CCYY format (e.g. 11/30/2004).
- 5. Type the baseline year at the “Enter Year:” prompt. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline.
- 6. The screen prompts you for the Community taxonomy. Press the Enter key to select the default Community taxonomy or type a new name at the “Enter the Name of the Community Taxonomy:” prompt.

Type the first few letters of the taxonomy name to see a selection, or type two question marks (??) to see the entire list.
- 7. Type the number corresponding to the Beneficiary population you want to review. This allows you to specify one of three options: American Indian and Alaska Natives (AI/AN) only, patients who are not AI/AN, or your entire population.

Select one of the following:

- 1 Indian/Alaskan Native (Classification 01)
- 2 Not Indian Alaskan/Native (Not Classification 01)
- 3 All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1// 1 Indian/Alaskan Native (Classification 01)

Figure 6-42: Running the GPRA Performance report, selecting beneficiary population

- 8. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline, and your Home location, as defined in the Site Parameters (section 4.2).
- 9. Type Y or N at the “Do you wish to export this data to Area?” prompt. You should only choose this option when you are ready to send final data to your Area Office.
- 10. A summary of the GPRA Performance report will be displayed (Figure 6-43).

```

SUMMARY OF IHS GPRA PERFORMANCE REPORT TO BE GENERATED
CRS 2006, Version 6.0

The date ranges for this report are:
  Report Period:      Jan 01, 2004 to Dec 31, 2004
  Previous Year Period: Jan 01, 2003 to Dec 31, 2003
  Baseline Period:    Jan 01, 2000 to Dec 31, 2000

The COMMUNITY Taxonomy to be used is: BETA TEST COMMUNITIES
The Beneficiary Population is: Indian/Alaskan Native (Classification 01)
The HOME location is: UNDESIG LOCS 808799

Please choose an output type.  For an explanation of the delimited
file please see the user manual.

Select one of the following:

  P      Print Report on Printer or Screen
  D      Create Delimited output file (for use in Excel)
  B      Both a Printed Report and Delimited File

Select an Output Option: P//

```

Figure 6-43: Summary Screen for GPRA Performance report

11. Follow step 8 in section 6.3 to determine the output (e.g., print to screen, delimited file, etc.) to finish running the report.

6.8 Running the Elder Care Report with Patient Lists

1. Follow steps 1 through 4 in section 6.2 above to display the Other National Reports menu (Figure 6-44).
2. Type ELD at the “Select Other National Reports Option:” prompt.

```

*****
**      IHS/RPMS CRS 2006      **
**      Other National Reports  **
*****
Version 6.0

DEMO HOSPITAL

GPU    GPRA Performance Report
ELD    Elder Care Report
HED    HEDIS Performance Report

Select Other National Reports Option: ELD Elder Care Report

```

Figure 6-44: Other National Reports Menu

3. Information about the Elder Care report will appear and you are asked to select the measures for the report (Figure 6-45).

If you select All Measures, skip to step 9.

2006 Elder Care Clinical Performance Measure Report

This will produce an Elder Care Performance Measure Report for all ELDER performance measures for a year period you specify. You will be asked to provide: 1) the reporting period, 2) the baseline period to compare data to, and 3) the Community taxonomy to determine which patients will be included.

You will be given the opportunity to export this data to the Area office. If you answer yes, this option will produce a report in export format for the Area Office to use in Area aggregated data. Depending on site specific configuration, the export file will either be automatically transmitted directly to the Area or the site will have to send the file manually.

There are 23 measures in the Elder Care Performance Measure Report.

Select one of the following:

S	Selected set of Measures
A	All Measures

Run the report on: S// **S** Selected set of Measures

Figure 6-45: Running the Elder Care Report, report description display and measure selection

- If you typed **S** (Selected set of Measure), the Performance Measure Selection screen will appear with the list of available indicator topics. (Figure 6-46).

Type a plus sign (+) at the “Select Action:” prompt to display the next page of the entire list of measures. Type a hyphen (-) at the “Select Action:” prompt to display the previous page of the list of measures.

- Type **S** (Select Measure) to select specific topics.
- Type the number(s) corresponding to the topics you want to select at the “Which Items?” prompt.

You can type ranges (e.g., 1-4) or a series of number (e.g., 1, 4, 5, 10) or a combination of numbers and ranges (e.g., 1-4, 8, 12).

```

PERFORMANCE MEASURE SELECTION Sep 26, 2005 14:26:19      Page:      1 of      2
IHS Elder Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Prevalence
2)  Diabetes Glycemic Control
3)  Diabetes:  Blood Pressure Control
4)  Diabetes:  Lipids Assessment
5)  Diabetes:  Nephropathy Assessment
6)  Diabetes Retinopathy
7)  Diabetes:  Access to Dental Services
8)  Access to Dental Services
9)  Adult Immunizations: Influenza
10) Adult Immunizations: Pneumovax
11) Cancer Screening: Mammogram Rates
12) Colorectal Cancer Screening
13) Tobacco Use and Exposure Assessment
14) Intimate Partner (Domestic) Violence Screening
15) Depression Screening
16) Obesity Assessment
+      Enter ?? for more actions
S      Select Measure      D      De Select Measure
Select Action:+///

```

Figure 6-46: Running Elder Care Report, Selecting Performance Measure Topics

7. After pressing the Enter key, the topics you selected will have an asterisk at the left side.
8. Type Q (Quit) when you have completed selecting topics at the “Select Action:” prompt.
9. The taxonomies required to run the report will be checked. Press the Enter key to continue.
10. Select the date range for the report (Figure 6-47) by following steps a or b below.

```

Select one of the following:

1          January 1 - December 31
2          April 1 - March 31
3          July 1 - June 30
4          October 1 - September 30
5          User-Defined Report Period

Enter the date range for your report:

```

Figure 6-47: Running the Elder Care report, selecting report date range

- a. To select a pre-defined period (e.g. January 1 – December 31):
 - i. Select one of the first four options.
 - ii. Enter the calendar year of the report end date.
- b. To enter your own report end date:
 - i. Select option 5, User-Defined Report Period.

- ii. Enter the end date of the report in MM/DD/CCYY format (e.g. 11/30/2004).

11. Type the baseline year at the “Enter Year:” prompt. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline.
12. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline, and your Home location, as defined in the Site Parameters (section 4.2)
13. The screen prompts you for the Community taxonomy. Press the Enter key to select the default Community taxonomy or type a new name at the “Enter the Name of the Community Taxonomy:” prompt.

Type the first few letters of the taxonomy name to see a selection, or type two question marks (??) to see the entire list.
14. You must have security access to run any patient list. If you have security access and want patient lists in addition to the report, type Y (Yes) at the “Do you want patient lists for any of the measures?” prompt.
15. The Elder Measure List Selection screen will display (Figure 6-48). Only the topics that you have selected for your report will be listed.

If you typed N (No), skip to step 21 to complete report selection.

16. Type S (Select List) to select patient lists for specific measure topics.
17. Type the number(s) corresponding to the measures you want to select at the “Which Items?” prompt.

After pressing the Enter key, the topics you selected will have an asterisk at the left side (Figure 6-48).

```

ELDER MEASURE LIST SELECTION Sep 26, 2005 14:30:03          Page:    1 of    1
IHS FY 06 ELDER Performance Measure Lists of Patients
* indicates the list has been selected

*1) Mammogram: List of female patients =>55 with mammogram/refusal, if any.
*2) Colorectal Cancer: List of pts =>55 w/CRC screening,refusal&date, if any

      Enter ?? for more actions
S      Select List              D      De Select List
A      All Lists
Select Action:+//

```

Figure 6-48: Running the Elder Care report, choosing patient lists

18. Type Q (Quit) when you have completed selecting topics.

19. To select the list type, type the corresponding letter (i.e., R, A, or P) to select either a random patient list, list containing all patients, or a list of patients by a designated provider. See step 6 in section 6.4 for a description of the types of patient lists.

20. If you selected **P** (By Provider), type the designated provider name at the “Enter Designated Provider Name:” prompt.

```
For these lists select which patient list you would like.

Select one of the following:

R      Random Patient List
A      All Patients
P      Patient List by Provider

Choose report type for the Lists: R// P Patient List by Provider
Enter Designated Provider Name: Acord,Arlis      AA
```

Figure 6-49: Running the Elder Care Report, selecting patient list type

21. Type the number corresponding to the Beneficiary population you want to review. This allows you to specify one of three options: American Indian and Alaska Natives (AI/AN) only, patients who are not AI/AN, or your entire population.

```
Select one of the following:

1      Indian/Alaskan Native (Classification 01)
2      Not Indian Alaskan/Native (Not Classification 01)
3      All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1// 1 Indian/Alaskan Native
(Classification 01)
```

Figure 6-50: Running the Elder Care report, selecting beneficiary population

22. **If you are running the report for all Elder measures**, type Y or N at the “Do you wish to export this data to Area?” prompt. You should only choose this option when you are ready to send final data to your Area Office.

23. A summary of the Elder Care report will be displayed (Figure 6-51).

```

SUMMARY OF FY 06 ELDER REPORT TO BE GENERATED

The date ranges for this report are:
Report Period:           Jan 01, 2004 to Dec 31, 2004
Previous Year Period:    Jan 01, 2003 to Dec 31, 2003
Baseline Period:        Jan 01, 2000 to Dec 31, 2000

The COMMUNITY Taxonomy to be used is: BETA TEST COMMUNITIES

Please choose an output type.  For an explanation of the delimited
file please see the user manual.

Select one of the following:

P          Print Report on Printer or Screen
D          Create Delimited output file (for use in Excel)
B          Both a Printed Report and Delimited File

Select an Output Option: P//

```

Figure 6-51: Summary Screen for Elder Care Report

24. Follow step 8 in section 6.3 to determine the output (e.g., print to screen, delimited file, etc.) to finish running the report

6.9 Running the HEDIS Performance Report with Patient Lists

1. Follow steps 1 through 4 in section 6.2 above to display the Other National Reports menu (Figure 6-52).
2. Type HED at the “Select Other National Reports Option:” prompt.

```

*****
**      IHS/RPMS CRS 2006      **
**      Other National Reports  **
*****
Version 6.0

DEMO HOSPITAL

GPU      GPRA Performance Report
ELD      Elder Care Report
HED      HEDIS Performance Report

Select Other National Reports Option: HED HEDIS Performance Report

```

Figure 6-52: Other National Reports

3. Information about the HEDIS Performance report will appear and the site-populated taxonomies needed to run the report will be checked (Figure 6-53).

```
2006 HEDIS Clinical Performance Measure Report

This will produce a HEDIS Performance Measure Report for all HEDIS measures
for a year period you specify.  You will be asked to provide: 1) the
reporting period, 2) the baseline period to compare data to, and 3) the
Community taxonomy to determine which patients will be included.

You will be given the opportunity to export this data to the Area office.
If you answer yes, this option will produce a report in export format for the
Area Office to use in Area aggregated data.  Depending on site specific
configuration, the export file will either be automatically transmitted
directly to the Area or the site will have to send the file manually.

Checking for Taxonomies to support the HEDIS Report...

All taxonomies are present.

End of taxonomy check.  PRESS ENTER:
```

Figure 6-53: Running the HEDIS Report, report description display and taxonomy check

4. Select the date range for the report by typing the number corresponding to the appropriate ending date for the report at the “Enter the date range for your report:” prompt. To ensure reporting accuracy and data comparability, end dates are predefined based on fiscal year quarters.

All reports review and calculate data for at least a one year time period, i.e., searching patient records for data matching the numerator criteria for the entire Current Report period selected by the user.

5. Type the 4-digit calendar year for the report end date (e.g., 2006) at the “Enter Year:” prompt.

NOTE: If you pick a report period end date that is greater than the date you are running the report, a warning message will be displayed advising you of this. A prompt will be displayed asking if you want to change your Current Report Dates. To continue with the report, accept the default answer of “no” by pressing enter. To change your report date range, type Y.

6. Type the 4-digit baseline year at the “Enter Year:” prompt.
7. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline, and your Home location, as defined in the Site Parameters (section 4.2).
8. The screen prompts you for the Community taxonomy. Press the Enter key to select the default Community taxonomy or type a new name at the “Enter the Name of the Community Taxonomy:” prompt.

Type the first few letters of the taxonomy name to see a selection, or type two question marks (??) to see the entire list.

9. You must have security access to run any patient list. If you have security access and want patient lists in addition to the report, type Y (Yes) at the “Do you want individual lists for any indicators?” prompt.

The HEDIS Measure List Selection screen will display (Figure 6-54). All HEDIS measures topics will be listed.

If you typed N (No), skip to step 16 to complete report selection.

10. Type S (Select List) to select patient lists for specific measure topics.
11. Type the number(s) corresponding to the measures you want to select at the “Which Items?” prompt.
12. After pressing the Enter key, the topics you selected will have an asterisk at the left side (Figure 6-54).
13. Type Q (Quit) when you have completed selecting topics.

```

Do you want individual lists for any the selected indicators? N//y Yes
HEDIS MEASURE LIST SELECTION Sep 26, 2005 14:47:11 Page: 1 of 2
IHS FY 06 HEDIS Performance Measure Lists of Patients
* indicates the list has been selected

1) Childhood Imm: List of patients without ALL childhood immunizations
2) Colorectal Cancer Screen: Pts 51-80 and CRC screening, if any
*3) Breast Cancer Screen: Women 52-69 and Mammogram/refusal, if any
*4) Cervical Cancer Screen: Women 21-64 and Pap Smear/refusal, if any
5) Chlamydia Screen: Women 16-25 w/no documented test
6) Osteoporosis Management: List of female pts w/new fracture w/tx, if any
7) BP Control: List of patients with hypertension and BP value, if any.
8) Beta-Blocker Tx After Heart Attack: List of pts w/AMI w/tx, if any
9) Beta-Blocker Tx: List of pts w/AMI, w/all beta-blocker meds, if any
10) Chol Mgt after Acute Card: List pts w/AMI, CABG w/LDL, if any
11) DM Care: List of diabetic patients w/documented tests, if any.
12) Asthma: List of asthmatic Pts w/primary asthma medications, if any
13) Antidepressant Med Mgt - List of pts w/new depression w/OPC,APT,CONPT
14) Smoking Cessation: Tobacco Users and counseling, if any
15) Adult Flu IZ: Patients 50-64 and Influenza code/date, if any
16) Older Adult Flu IZ: Patients => 65 yrs and Influenza code/date, if any
+ Enter ?? for more actions
S Select List D De Select List
A All Lists
Select Action: +// Q Quit

```

Figure 6-54: Running the HEDIS Report, choosing patient lists

14. Type the corresponding letter (i.e., R, A, or P) for the type of patient list you want to run. See step 6 in section 6.4 for a description of the types of patient lists.
15. If you selected P (By Provider), type the designated provider name at the “Enter Designated Provider Name:” prompt.

```

Select List Type.
NOTE:  If you select All Patients, your list may be
Hundreds of pages and take hours to print.

      Select one of the following:

          R      Random Patient List
          A      All Patients
          P      Patient List by Provider

Choose report type for the Lists: R// P Patient List by Provider
Enter Designated Provider Name: Acord,Arlis          AA

```

Figure 6-55: Running the HEDIS Report, selecting patient list type

16. Type the number corresponding to the Beneficiary population you want to review. This allows you to specify one of three options: American Indian and Alaska Natives (AI/AN) only, patients who are not AI/AN, or your entire population.

```

      Select one of the following:

          1      Indian/Alaskan Native (Classification 01)
          2      Not Indian Alaskan/Native (Not Classification 01)
          3      All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1// 1 Indian/Alaskan N
ative (Classification 01)

```

Figure 6-56: Running the HEDIS Report, selecting beneficiary population

17. Type Y or N at the “Do you wish to export this data to Area?” prompt. You should only choose this option when you are ready to send final data to your Area Office.

18. A summary of the HEDIS report will be displayed (Figure 6-57).

```

                          SUMMARY OF FY 06 HEDIS REPORT TO BE GENERATED

The date ranges for this report are:
  Report Period:          Jan 01, 2004 to Dec 31, 2004
  Previous Year Period:   Jan 01, 2003 to Dec 31, 2003
  Baseline Period:       Jan 01, 1999 to Dec 31, 1999

The COMMUNITY Taxonomy to be used is: BETA TEST COMMUNITIES

All HEDIS measures will be calculated.

Please choose an output type.  For an explanation of the delimited
file please see the user manual.

      Select one of the following:

          P      Print Report on Printer or Screen
          D      Create Delimited output file (for use in Excel)
          B      Both a Printed Report and Delimited File

Select an Output Option: P//

```

Figure 6-57: Summary Screen for HEDIS report

19. Follow step 8 in section 6.3 to determine the output (e.g., print to screen, delimited file, etc.) to finish running the report.

6.10 Running the Lab Taxonomy Report

1. Follow steps 1 through 4 in section 6.2 above to display the Taxonomy Reports menu (Figure 6-58).
2. Type TXL at the “Select Taxonomy Reports Option:” prompt.

```
*****
**      IHS/RPMS CRS 2006      **
**      Taxonomy Reports Menu  **
*****
          Version 6.0

          DEMO HOSPITAL

TXL      Lab Taxonomy Report
TXM      Medication Taxonomy Report

Select Taxonomy Reports Option: TXL  Lab Taxonomy Report
```

Figure 6-58: Taxonomy Reports Menu

3. Information about the Lab Taxonomy Performance report will appear and you are advised that you may only run a printed version of the report. Type Y to continue (Figure 6-59).
4. At the “Device:” prompt, type in a printer or file name (Figure 6-59). The default prompt may vary at different sites. Turn on your logging or screen capture program before printing to screen, depending on the software you are using to access RPMS. To print a report to your screen without receiving multiple “Enter RETURN to continue” prompts, type 0;P-OTHER80 at the Home prompt.

If you want to print to a file or you don’t know your printer name, check with your Site Manager. At most sites, to print to a file, type Host or HFS, then designate the file location and name.

```

                                Lab Taxonomy Report
                                CRS 2006, Version 6.0

                                Site-Populated Lab Taxonomy Report

This will produce a report of all site-populated lab taxonomies for CRS 2006.
The report is organized by (1) taxonomies included in the National GPRA/GPRA
Performance Reports, (2) taxonomies included in all other CRS reports except
those exclusive to the CMS report, and (3) taxonomies exclusive to the CMS
report.

Each lab taxonomy is listed with the lab tests that have been assigned by
your facility for inclusion in the taxonomy.

You are only able to produce a printed version of this report.

Do you wish to continue? Y// YES
DEVICE: HOME//

```

Figure 6-59: Running the Lab Taxonomy Report, display message and selecting the device

6.11 Running the Medication Taxonomy Report

1. Follow steps 1 through 4 in section 6.2 above to display the Taxonomy Reports menu (Figure 6-60).
2. Type TXM at the “Select Taxonomy Reports Option:” prompt.

```

*****
**      IHS/RPMS CRS 2006      **
**    Taxonomy Reports Menu    **
*****
                                Version 6.0

                                DEMO HOSPITAL

TXL      Lab Taxonomy Report
TXM      Medication Taxonomy Report

Select Taxonomy Reports Option: TXM Medication Taxonomy Report

```

Figure 6-60: Taxonomy Reports Menu

3. Information about the Medication Taxonomy Performance report will appear and you are advised that you may only run a printed version of the report. Type Y to continue (Figure 6-61).
4. At the “Device:” prompt, type in a printer or file name (Figure 6-61). The default prompt may vary at different sites. Turn on your logging or screen capture program before printing to screen, depending on the software you are using to access RPMS. To print a report to your screen without receiving multiple “Enter RETURN to continue” prompts, type 0;P-OTHER80 at the Home prompt.

If you want to print to a file or you don't know your printer name, check with your Site Manager. At most sites, to print to a file, type Host or HFS, then designate the file location and name.

<p style="text-align: center;">Medication Taxonomy Report CRS 2006, Version 6.0</p> <p style="text-align: center;">Site-Populated Medication Taxonomy Report</p> <p>This will produce a report of all site-populated medication taxonomies for CRS 2006. The report is organized by (1) taxonomies included in the National GPRA/GPRA Performance Reports, (2) taxonomies included in all other CRS reports except those exclusive to the CMS report, and (3) taxonomies exclusive to the CMS report.</p> <p>Each medication taxonomy is listed with the medications that have been assigned by your facility for inclusion in the taxonomy.</p> <p>You are only able to produce a printed version of this report.</p> <p>Do you wish to continue? Y// YES DEVICE: HOME//</p>

Figure 6-61: Running the Medication Taxonomy Report, display message and selecting the device

7.0 Area Office Specific Menu Options

Area Offices can produce summary reports with data aggregated from all sites for national reporting for the National GPRA, GPRA Performance, Elder Care, or HEDIS Performance reports. These summary, or aggregate, reports are generated from individual site export report files sent to the Area, which are created when a site chooses the export option when running the National GPRA, GPRA Performance, Elder Care, or HEDIS Performance reports.

In addition, Area Offices may aggregate childhood height and weight data received from all sites within the Area into a single delimited file for exporting to the Division of Epidemiology.

Service units with multiple facilities can also use this option to produce aggregated reports.

1. To open the Area Office Options menu, type AO at the “Select CRS 2006 Option” prompt at the main menu.

```
*****
**      IHS/RPMS CRS 2006      **
**  Clinical Reporting System  **
*****
          Version 6.0

          DEMO HOSPITAL

RPT    Reports ...
SET    System Setup ...
AO     Area Options ...

Select CRS 2006 Option: AO Area Options
```

Figure 7-1: Opening the Area Office Options menu

2. The Area Office Options menu is displayed.

```

*****
**   IHS/RPMS CRS 2006   **
**   Area Office Options **
*****
Version 6.0

DEMO HOSPITAL

UPL   Upload Report Files from Site
AGP   Run AREA National GPRA Report
GPA   Run AREA GPRA Performance Report
AELD  Run AREA Elder Care Report
AHED  Run Area HEDIS Report
ACHW  Run AREA Childhood Height and Weight Data File
LSTF  List files in a directory

Select Area Options Option:

```

Figure 7-2: Area Office Options menu

The report options are defined below.

- **UPL Upload Report Files from Site.** To produce a report, the Area must first upload the FileMan data files from all facilities into the Area's CRS. Facilities can choose to create export data files when the National GPRA, GPRA Performance, Elder Care, or HEDIS Performance reports are run (see section 6.3, step 6; section 6.7, step 9; section 6.8, step 22 and section 6.9, step 17 above). The facility must either manually or automatically send the data file to a designated location on the Area server.

NOTE: The data for the Childhood Height and Weight file is automatically included in the site's National GPRA report when it chooses to export its data to the Area Office.

- **AGP Run AREA National GPRA Report**
- **GPA Run AREA GPRA Performance Report**
- **AELD Run Area Elder Care Report**
- **AHED Run Area HEDIS Report**
- **ACHW Run AREA Childhood Height and Weight Data File**
- **LSTF List files in a directory.** This menu option allows you to see a list of facility data files available on your designated network location.

For the National GPRA report, Area Offices must provide sites with the GPRA community taxonomy before the site runs its export reports for National GPRA reporting. The **designated IHS Report Coordinator** for the annual National GPRA report should convey this information to the Area Office GPRA Coordinators.

For the GPRA Performance, Elder Care, and HEDIS reports, Area Offices must provide sites with the following information before the site runs their export reports:

- Date range (e.g., January 1 – December 31; July 1 – June 30);
- Fiscal year for the report end date;
- Baseline fiscal year; and
- Population (e.g., AI/AN only [Beneficiary 01])

CRS will only aggregate site export files where all these factors are identical.

For all of the Area Aggregate reports, including the Childhood Height and Weight file, sites must provide their Area contact with their export file name after the report is run; sites may be requested to FTP the export file to the Area server.

7.1 Upload Export Data File from Site (UPL)

This option is used by Areas to upload data files that have been manually sent via FTP or transmitted automatically by service units. Once these files have been received and uploaded, they can be used in an area aggregate report. Areas will have to execute this option each time a service unit sends a data file.

1. Type UPL at the “Area Options Option:” prompt on the Area Options menu (Figure 7-3).

```

*****
**   IHS/RPMS CRS 2006   **
**   Area Office Options **
*****
          Version 6.0

          DEMO HOSPITAL

UPL      Upload Report Files from Site
AGP      Run AREA National GPRA Report
GPUA     Run AREA GPRA Performance Report
AELD     Run AREA Elder Care Report
AHED     Run Area HEDIS Report
ACHW     Run AREA Childhood Height and Weight Data File
LSTF     List files in a directory

Select Area Options Option: UPL Upload Report Files from Site

```

Figure 7-3: Uploading Data File from Site

2. Type the appropriate directory name at the “Enter directory path:” prompt. This is the Area network directory to which the facility’s data files have been sent via FTP (File Transfer Protocol) at the time the facility ran the requested Performance reports (section 5.0).

NOTE: You will be informed by your Area Office information systems personnel which directory should be used.

3. Type the name of the file you wish to upload at the “Enter Filename w /ext:” prompt. This file name is assigned by CRS at the time the facility runs the

National GPRA, GPRA Performance, Elder Care, or HEDIS Performance reports (see section 6.3, step 6; section 6.7, step 9; section 6.8, step 22 and section 6.9, step 17 above).

NOTE: The data for the Childhood Height and Weight file is automatically included in the site's National GPRA report when it chooses to export its data to the Area Office.

NOTE: Each Area should establish a process with the GPRA or QA Coordinators at each site to record and transmit export data file names at the time the facility reports are run. It is strongly recommended that each Area establish a quarterly review process for the GPRA Performance reporting data, which includes all GPRA indicators and some additional key clinical performance measures.

4. The following messages display on your screen: All done reading file, Processing, and Data uploaded. If you do not see these messages, the file was not uploaded.
5. If you have typed the file name incorrectly or CRS cannot locate the file, the following message will display: CANNOT OPEN (OR ACCESS) FILE '[directory name]/[filename]'.
CANNOT OPEN (OR ACCESS) FILE '[directory name]/[filename]'
6. The "Enter filename:" prompt will display again. Type in another file name to upload.
7. To exit, type the caret (^) at the prompt. The "Enter directory path:" prompt displays.
8. Type in a new directory, or the caret (^) to exit back to the Area Options menu.

```
This option is used to upload a SU's 2006 CRS data.
You must specify the directory in which the GPRA data file resides
and then enter the filename of the data.

Enter directory path (i.e. /usr/spool/uucppublic/): q:\
Enter filename w /ext (i.e. BG06101201.5): bg06808701.30
Directory=q:\ File=bg06808701.30
All done reading file

Processing

Data uploaded.

Enter filename w /ext (i.e. BG06101201.5): bg06404201.23
Directory=q:\ File=bg06404201.23

All done reading file

Processing

Data uploaded.

Enter filename w /ext (i.e. BG06101201.5): ^
Enter directory path (i.e. /usr/spool/uucppublic/): ^
```

Figure 7-4: Uploading Site Export Data File: Specifying Location and File Name

7.2 Run Area Aggregate Reports

There are four menu options for running Area reports used by the Area Office to produce an aggregated Performance report. The Area reports summarize the performance of all facilities/service units to produce Area-wide statistics.

The data uploaded from the facilities must have the following matching elements:

- Report type (i.e., National GPRA, GPRA Performance, Elder Care, HEDIS Performance)
- Date ranges (e.g., July 1 through June 30)
- Calendar year end dates
- Baseline fiscal year periods
- Population type (e.g., AI/AN only)

This information is pre-defined in the National GPRA report but is not pre-defined in the GPRA Performance, Elder Care, or HEDIS Performance report. For these reports, you will need to specify the elements listed above.

7.2.1 Run Area National GPRA Report (AGP)

This option is used by the Area to produce an area aggregate National GPRA report. The National GPRA report contains clinical measures (specific denominators and numerators) defined in the IHS GPRA Performance Plan as well as other measures representing potential new GPRA measures and/or other strategic agency clinical

focus, e.g., Comprehensive CVD-Related Assessment. This report will aggregate all data files received to date from the service units.

1. Type **AGP** at the “Select Area Options Option:” prompt on the Area Office Options menu.

```

*****
**   IHS/RPMS CRS 2006   **
** Area Office Options **
*****
Version 6.0

DEMO HOSPITAL

UPL   Upload Report Files from Site
AGP   Run AREA National GPRA Report
GPUA  Run AREA GPRA Performance Report
AELD  Run AREA Elder Care Report
AHED  Run Area HEDIS Report
ACHW  Run AREA Childhood Height and Weight Data File
LSTF  List files in a directory

Select Area Options Option: AGP Run AREA National GPRA Report

```

Figure 7-5: Running Area National GPRA Report

2. The screen displays the date ranges that have been pre-defined for the report, including Report (Current), Previous Year and Baseline.

```

[AREA] Aggregate National GPRA Report

The date ranges for this report are:
Report Period:      Jul 01, 2005 to Jun 30, 2006
Previous Year Period: Jul 01, 2004 to Jun 30, 2003
Baseline Period:    Jul 01, 1999 to Jun 30, 2000

Select one of the following:

A      AREA Aggregate
F      One Facility

Run Report for: A// A AREA Aggregate

You will now be able to select which sites to use in the
area aggregate/facility report.

Press Enter to Continue:

```

Figure 7-6: Running Area National GPRA Report: Pre-defined Report Dates and Selecting Report Type

3. Type **A** (Area Aggregate) or **F** (One Facility) at the “Run Report for:” prompt. The default option is **A**.

The Area Aggregate option will run a report that combines the data for all sites. The One Facility option will run a report similar to the facility National GPRA report (section 5.1.1). The example here is an Area Aggregate report.

4. You will now select which sites to include in the report. Press Enter to continue.
5. All facilities that have had their data files uploaded for the selected time period will be displayed onscreen. Review the list.
6. Select the facilities to be included in your report, as described below.
 - To select all facilities for the report, type A.
 - To select one facility at a time, type S, then the number of the facility you want to select.
 - To remove a facility from the list, type R, then the number of the facility.

After pressing the Enter key, all facilities you selected will have an asterisk at the left side, as shown in Figure 7-7.

AREA AGGREGATE SITE SELECTION Sep 26, 2005 16:47:43						Page: 1 of 1		
Area Aggregate Site Selection								
* indicates the site has been selected								
+ after the facility name denotes a CHS Only Site								
#	SU	FACILITY	BEG DATE	END DATE	BASE BEG	BASE END	DATE RUN	
*1)	DEMO SU 1	DEMO HOSPITAL	07/01/05	06/30/06	07/01/99	06/30/00	08/29/05	
*2)	DEMO SU 2	DEMO HOSP 2+	07/01/05	06/30/06	07/01/99	06/30/00	08/30/05	
Enter ?? for more actions								
A	Area Aggregate	All Facilities	R	Remove (unselect) Facility				
S	Select Facility							
Select Action: +// Q Quit								

Figure 7-7: Running Area National GPRA Report: Selecting Facilities for the Report

7. Type Q (Quit) when you have completed selecting facilities at the “Select Action:” prompt.
8. The name of three delimited text files and the network directory to which they will be saved to are displayed on the screen (Figure 7-8).

NOTE: The delimited file used for National GPRA reporting has been expanded to two files. One file begins with “GPRANT1” and the second file begins with “GPRANT2”. Both of these files need to be sent for National GPRA reporting.

- **National GPRA Report Files:** The two files beginning with “GPRANT” are used for National GPRA reporting and include all data for all facilities you selected for your report.

- **Executive Information Support System (EISS) File:** The file beginning with “GPRAEX” is used for reporting on IHS’ intranet-based Executive Information Support System (EISS) and includes data only for those facilities who have chosen to export their data for EISS-reporting purposes.

The GPRANT and GPRAEX files can be used in Excel to create graphs and other summary reports (Appendix B: Working with Delimited Files). However, the GPRAEX files will be truncated in Excel because it exceeds the maximum number of columns allowed in Excel for a single worksheet. Thus, when the file is loaded, part of the data will be deleted. In order to open the full file, an application other than Excel must be used.

9. Type the corresponding letter for your Area Aggregate report output at the “Select an Output Option:” prompt
 - **P (Print)** will send the report file to your printer, your screen or an electronic file.
 - **D (Delimited Output)** will produce an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation. (See Appendix B for detailed instructions in creating an Excel file.)
 - **B (Both)** will produce both a printed report and a delimited file.
10. If you select **P Print**, type in a printer or file name at the “Device:” prompt. In the example below, the default prompt is Home, which prints directly to the screen. The default prompt may vary at different sites. If you want to print to a file or you do not know your printer name, check with your Site Manager.

Generally you should plan to queue your report to run off hours, when the network is not as busy. At most sites, you can queue your report to print by typing **Q** at the prompt. Check with your Site Manager if you need further information about how to specify each of these options.

If you select **D (Delimited)** at the “Select an Output Option:” prompt, you will be prompted to print your file to the screen (**S**) or to an electronic file (**F**). If this report will take several hours to run, it is recommended to print to a file.

If you select **F (File)**, type the name of the delimited file at the “Enter a filename for the delimited output:” prompt. File names cannot exceed 40 characters and will automatically be given the extension .txt. Most sites will be set up to automatically print the file to your network’s Public directory. You may need to FTP the delimited file from Pub to your computer. Ask your Site Manager for additional information about retrieving files from your local network.

You will be prompted to queue the report to run at a later time. You can specify another day or another time.

```
A total of 2 facilities have been selected.

A file will be created called GPRANT1808701200606300000000020050926165920_000002
.TXT
and will reside in the Q:\ directory. This file can be used in Excel.

A file will be created called GPRANT2808701200606300000000020050926165920_000002
.TXT
and will reside in the Q:\ directory. This file can be used in Excel.

A file will be created called GPRAEX808701200606300000000020050926165920_000002.
.TXT
and will reside in the Q:\ directory. This file can be used in Excel.

Please choose an output type.  For an explanation of the delimited
file please see the user manual.

      Select one of the following:

      P          Print Report on Printer or Screen
      D          Create Delimited output file (for use in Excel)
      B          Both a Printed Report and Delimited File

Select an Output Option: P//
```

Figure 7-8: Running Area National GPRA Report: Selecting Output Option

Both the printed and delimited reports include a cover page displaying a list of all facilities and communities included in the report data (Figure 7-9). The report data is aggregated for each measure.

Cover Page

*** IHS 2006 National GPRA Clinical Performance Report ***

CRS 2006, Version 6.0

AREA AGGREGATE

Date Report Run: May 1, 2006

Site where Run: [AREA]

Report Generated by: KLEPACKI,STEPHANIE

Report Period: Jul 01, 2005 to Jun 30,2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

Baseline Period: Jul 01, 1999 to Jun 30, 2000

Report includes the following facility data:

HOPI HEALTH CARE CENTER

Communities:

BACABI	BLUE BIRD CN	HOTEVILLA
KEAMS CANYON	KYKOTSMOVI	LEUPP
MISHONGNOVI	ORABI,OLD	POLACCA
SECOND MESA	SHIPAULOVI	SHUNGOPOVI
SICHOMOVI	SKUNK SPRGS	SNOWBIRD
SPIDER MOUND	TELEHOGAN	TEWA
TOREVA	WALPI	

ELKO

Communities:

BAKER	BATTLE MOUNTAIN	BEOWAWE
CARLIN	CRESCENT VALLEY	ELKO
ELY	EUREKA EAST	GOSHUTE (IBAPAH)
HALLECK	JACKPOT	JARBIDGE
LAMOILLE	LUND	MCGILL
MONTELLO	OSINO	RUBY VALLEY
RUTH	RYNDON	SOUTH FORK
SPRING CREEK	WENDOVER	

PARKER HOSP

Communities:

BIG RIVER	BLYTHE	BOUSE
BULLHEAD CITY	CHEMEHUEVI VALLEY	CHLORIDE
DOLAN SPRINGS	EARP	EHRENBERG
KINGMAN	LAKE HAVSU C	MOHAVE VALLE
NEEDLES	OATMAN	PARKER
PARKER DAM	PEACH SPRGS	POSTON
QUARTZSITE	RIVIERA	SALOME
SELIGMAN	SUPAI	TOPOCK
TRUXTON	VALENTINE	VIDAL
WENDEN	WICKIEUP	WILLIAMS
YUCCA		

WHITERIVER H

Communities:

CANYON DAY	CARRIZO	CEDAR CREEK
CIBECUE	DIAMOND CRK	EAST FORK
FORT APACHE	HON-DAH/INDIAN PINE	MCNARY
RAINBOW CITY	SEVEN MILE	WHITE RIV NE
WHITE RIV NW	WHITE RIV SE	WHITE RIV SW
WHITERIVER		

FT. YUMA HOSP

Communities:

1090	BARD	BRAWLEY
DATELAND	EL CENTRO	GADSDEN
IMPERIAL	LIGURTA	MOHAWK
RIVERSIDE SCHOOL	ROLL	SAN LUIS (AZ 288)
SOMERTON	TACNA	WELLTON
WINTERHAVEN	YUMA	

OWYHEE HOSPITAL		
Communities:		
11-MILE CORN	BOISE	CALDWELL
FILER	GLENNS FERRY	MOUNTAIN HOME
NAMPA	TWIN FALLS	
SAN CARLOS		
Communities:		
7-MILE WASH	BYLAS	CALVA
CLAYPOOL	CLIFTON	COOLIDGE DAM
CUTTER	DUNCAN	EDEN
FORT THOMAS	GERONIMO	GILSON WASH
GLOBE	LOW. PERIDOT	MIAMI
MORENCI	NORTH GILSON	PERIDOT
PERIDOT HEIGHTS	PHOENIX	PIMA
SAFFORD	SAN CARLOS	SENECA
SOUTH GILSON	THATCHER	UP. PERIDOT
WHITERIVER	YOUNG	

Figure 7-9: Sample Area National GPRA Report Cover Page for Phoenix Area

At the end of the report are a Clinical Performance Summary and a Clinical Performance Detail section. The Summary lists the Area aggregate performance measure rates for the Current, Previous, and Baseline periods as well as the GPRA 2006 Goal, National 2005 performance, and 2010 goal for each measure in the report. A sample Summary is shown in Figure 7-10 and Figure 7-11. The Clinical Performance Detail section shows the performance measure rates by each facility with the Area. An example is shown in Figure 7-12.

SK	Sep 14, 2005				Page 1	
*** IHS 2006 National GPRA Clinical Performance Report ***						
DEMO HOSPITAL						
Report Period: Jul 01, 2005 to Jun 30, 2006						
Previous Year Period: Jul 01, 2004 to Jun 30, 2005						
Baseline Period: Jul 01, 1999 to Jun 30, 2000						

CLINICAL PERFORMANCE SUMMARY						
	Site	Site	Site	GPRA06	Nat'l	2010
	Current	Previous	Baseline	Goal	2005	Goal

DIABETES						
*Diabetes DX Ever	10.0%	9.6%	8.4%	N/A	TBD	TBD
*Documented Alc	83.1%	73.0%	84.1%	N/A	TBD	50.0%
Poor Glycemic Control >9.5	24.0%	14.9%	25.7%	Maintain	TBD	TBD
Ideal Glycemic Control <7	27.3%	12.2%	23.0%	Maintain	TBD	40.0%
*BP Assessed	98.1%	91.2%	93.8%	N/A	N/A	TBD
Controlled BP <130/80	37.0%	32.4%	35.4%	Maintain	TBD	50.0%
LDL Assessed	39.6%	0.7%	10.6%	Increase	TBD	70.0%
Nephropathy Assessed	53.9%	12.8%	0.0%	Maintain	TBD	70.0%
Retinopathy Exam	56.5%	61.5%	53.1%	@ BASELINE@	TBD	70.0%
				# Maintain#	TBD	70.0%
*Depression Assessed	3.9%	4.1%	3.5%	N/A	N/A	N/A
*Influenza Vaccine	76.0%	65.5%	65.5%	N/A	N/A	N/A
*Pneumovax Vaccine Ever	86.4%	84.5%	87.6%	N/A	N/A	N/A
DENTAL						
Dental Access General	16.8%	19.6%	20.1%	Maintain	TBD	40.0%
Sealants	145	469	420	Maintain &	TBD	TBD
Topical Fluoride						
*# Applications	158	157	63	N/A	TBD	TBD
# Patients	120	135	60	Maintain	TBD	TBD
IMMUNIZATIONS						
Influenza 65+	77.2%	67.3%	68.4%	Maintain	TBD	90.0%
Pneumovax Ever 65+	82.8%	78.0%	75.0%	72.0%	TBD	90.0%
Childhood 19-35 mos						
Active Clinical Pts	82.7%	68.9%	66.7%	Maintain &	TBD	80.0%
*Active IMM Pkg Pts	84.3%	0.0%	0.0%	N/A	N/A	80.0%
CANCER-RELATED						
Pap Smear Rates 21-64	62.1%	63.0%	66.6%	Maintain	TBD	90.0%
Mammogram Rates 52-64	56.5%	51.9%	43.2%	Maintain	TBD	70.0%
Colorectal Cancer 51-80	18.2%	22.6%	27.2%	Baseline	TBD	50.0%
*Tobacco Assessment 5+	2.6%	1.7%	1.5%	N/A	TBD	TBD
*Tobacco Use Prevalence	43.2%	29.2%	57.1%	N/A	N/A	TBD
Tobacco Cessation	11.1%	0.0%	0.0%	Baseline	N/A	75.0%
BEHAVIORAL HEALTH						
FAS Prevention 15-44	3.8%	3.0%	3.0%	Increase	TBD	25.0%
**IPV/DV Screen 15-40	3.8%	1.2%	1.6%	Increase	TBD	25.0%
Depression Screen 18+	4.4%	2.9%	2.3%	Baseline	N/A	20.0%

Figure 7-10: Sample Area National GPRA Report Summary Page, page 1

SK	Sep 14, 2005					Page 2	
*** IHS 2006 National GPRA Clinical Performance Report ***							
DEMO HOSPITAL							
Report Period: Jul 01, 2005 to Jun 30, 2006							
Previous Year Period: Jul 01, 2004 to Jun 30, 2005							
Baseline Period: Jul 01, 1999 to Jun 30, 2000							

CLINICAL PERFORMANCE SUMMARY							
	Site	Site	Site	GPRA06	Nat'l	2010	
	Current	Previous	Baseline	Goal	2005	Goal	

CVD-RELATED							
*BMI Measured 2-74	14.7%	15.4%	17.7%	N/A	TBD	TBD	
*Assessed as Obese	35.0%	38.7%	35.4%	N/A	N/A	TBD	
Children 2-5 w/BMI							
=>95%	17.1%	30.0%	11.9%	Baseline	N/A	Reduce 10%	
Cholesterol Screening 23+	14.4%	13.5%	9.7%	Increase	TBD	80.0%	
*Comp CVD-related Assessment							
*BP Assessed	87.2%	87.0%	79.7%	N/A	N/A	95.0%	
*LDL Assessed	10.1%	0.4%	0.8%	N/A	N/A	85.0%	
*Tobacco Assessed	1.6%	0.0%	1.2%	N/A	N/A	50.0%	
*BMI Measured	4.3%	7.1%	6.4%	N/A	N/A	45.0%	
*Lifestyle Counseling	4.7%	4.7%	10.8%	N/A	N/A	75.0%	
*Depression Screen	6.2%	5.1%	4.0%	N/A	N/A	20.0%	
*All Assessments	0.4%	0.0%	0.0%	N/A	N/A	15.0%	
OTHER CLINICAL							
Prenatal HIV Testing	65.9%	10.0%	9.3%	Increase	TBD	95.0%	
*Public Health Nursing	1366	1707	1358	N/A	TBD	TBD	
(* - Not GPRA measure for FY 2006)							
(@ - National Retinopathy goal/rate)							
(# - Designated site goal/rate)							
(& - Data source other than CRS)							
(** - Age range for IPV/DV changed from 16-24 to 15-40 in 2005)							

Figure 7-11: Sample Area National GPRA Report Summary Page, page 2

SK	Sep 14, 2005					Page 1	
*** IHS 2006 National GPRA Clinical Performance Measure Report ***							
AREA AGGREGATE							
Report Period: Jan 01, 2003 to Dec 31, 2003							
Previous Year Period: Jan 01, 2002 to Dec 31, 2002							
Baseline Period: Jan 01, 2000 to Dec 31, 2000							

CLINICAL PERFORMANCE DETAIL							
	Site	Site	Site	Area	GPRA06	National	2010
	Current	Prev	Base	Current	Goal	2005	Goal

DIABETES							
*Diabetes DX Ever				10.0%	N/A	TBD	TBD
999999 FACILITY #1	XX.X%	XX.X%	XX.X%				
999999 FACILITY #2	XX.X%	XX.X%	XX.X%				
*Documented A1c				83.1%	N/A	TBD	50.0%
999999 FACILITY #1	XX.X%	XX.X%	XX.X%				
999999 FACILITY #2	XX.X%	XX.X%	XX.X%				
Poor Glycemic Control >9.5				24.0%	Maintain	TBD	TBD
999999 FACILITY #1	XX.X%	XX.X%	XX.X%				
999999 FACILITY #2	XX.X%	XX.X%	XX.X%				
Ideal Glycemic Control <7				27.3%	Maintain	TBD	40.0%
999999 FACILITY #1	XX.X%	XX.X%	XX.X%				
999999 FACILITY #2	XX.X%	XX.X%	XX.X%				
*BP Assessed				98.1%	N/A	N/A	TBD
999999 FACILITY #1	XX.X%	XX.X%	XX.X%				
999999 FACILITY #2	XX.X%	XX.X%	XX.X%				
Controlled BP <130/80				37.0%	Maintain	TBD	50.0%
999999 FACILITY #1	XX.X%	XX.X%	XX.X%				
999999 FACILITY #2	XX.X%	XX.X%	XX.X%				
LDL Assessed				39.6%	Increase	TBD	70.0%
999999 FACILITY #1	XX.X%	XX.X%	XX.X%				
999999 FACILITY #2	XX.X%	XX.X%	XX.X%				

Figure 7-12: Sample Area National GPRA Report Clinical Performance Detail section

7.2.2 Run Area GPRA Performance Report (GPUA)

The Area Office GPRA Performance Report option (GPUA) is used by the Area to produce an Area-wide GPRA Performance report. This report aggregates all data files received to date from facilities and reports the total Area-wide numbers.

The measures included in this report are exactly the same as the National GPRA report; however, the GPRA Performance report is different from the National GPRA report as it can be run for different types of user populations: American Indian and Alaska Natives (AI/AN) only, non AI/AN, or both. It can also be run for different date ranges, whereas the National GPRA report uses pre-defined date ranges. Patient lists are NOT included in the Area Aggregate report.

NOTE: To run the Area Aggregate GPRA Performance report, the data uploaded from the facilities must have the same report period, baseline period, and patient population.

1. Type GPUUA at the “Select Area Options Option:” prompt on the Area Office Options menu.

```

*****
**   IHS/RPMS CRS 2006   **
** Area Office Options **
*****
          Version 6.0

          DEMO HOSPITAL

UPL    Upload Report Files from Site
AGP    Run AREA National GPRA Report
GPUUA  Run AREA GPRA Performance Report
AELD   Run AREA Elder Care Report
AHED   Run Area HEDIS Report
ACHW   Run AREA Childhood Height and Weight Data File
LSTF   List files in a directory

Select Area Options Option: GPUUA Run AREA GPRA Performance Report

```

Figure 7-13: Opening the Area GPRA Performance Report from the Area Office Options Menu

2. Select the date range for the report (Figure 7-14) by following steps a or b below.

```

Select one of the following:

1      January 1 - December 31
2      April 1 - March 31
3      July 1 - June 30
4      October 1 - September 30
5      User-Defined Report Period

Enter the date range for your report:

```

Figure 7-14: Running the Area GPRA Performance Report, selecting report date range

- a. To select a pre-defined period (e.g. January 1 – December 31):
 - i. Select one of the first four options.
 - ii. Enter the calendar year of the report end date.
- b. To enter your own report end date:
 - i. Select option 5, User-Defined Report Period.
 - ii. Enter the end date of the report in MM/DD/CCYY format (e.g. 11/30/2004).

3. Type the baseline year at the “Enter Year:” prompt. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline.

```
[AREA] Aggregate GPRA Performance Report with user defined date range

Select one of the following:

1      January 1 - December 31
2      April 1 - March 31
3      July 1 - June 30
4      October 1 - September 30
5      User-Defined Report Period

Enter the date range for your report: 1  January 1 - December 31

Enter the Calendar Year for the report END date.  Use a 4 digit
year, e.g. 2004
Enter Year: 2003 (2003)

Enter the Baseline Year to compare data to.
Use a 4 digit year, e.g. 1999, 2000
Enter Year (e.g. 2000): 2000 (2000)

The date ranges for this report are:
Report Period:      Jan 01, 2003 to Dec 31, 2003
Previous Year Period: Jan 01, 2002 to Dec 31, 2002
Baseline Period:    Jan 01, 2000 to Dec 31, 2000
```

Figure 7-15: Running Area GPRA Performance: Selecting Pre-defined Report Time Period

4. Type the number corresponding to the Beneficiary (patient) population to be included in the report (see section 6.6 step 20 above).

```
Select one of the following:

1      Indian/Alaskan Native (Classification 01)
2      Not Indian Alaskan/Native (Not Classification 01)
3      All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1//  Indian/Alaskan Native
(Classification 01)
```

Figure 7-16: Selecting Report Population-Type

5. Follow steps 3 through 7 above in section 7.2.1 (Area National GPRA report) to select facilities to be included in the report.
6. Follow steps 9 through 10 above in section 7.2.1 (Area National GPRA report) to select report type and output.

7.2.3 Run Area Elder Care Report (AELD)

The Area Office Elder Care Report option (AELD) is used by the Area to produce an Area-wide Elder Care report. This report may only be aggregated from report files for which ALL Elder Care measures were included. This report aggregates all data files received to date from facilities and reports the total Area-wide numbers.

This report is different from the National GPRA report as it can be run for different types of user populations: American Indian and Alaska Natives (AI/AN) only, non AI/AN, or both. It can also be run for different date ranges, whereas the National GPRA report uses pre-defined date ranges. Patient lists are NOT included in the Area Aggregate report.

NOTE: To run the Area Aggregate Elder Care report, the data uploaded from the facilities must have the same report period, baseline period, and patient population.

1. Type **AELD** at the “Select Area Options Option:” prompt on the Area Office Options menu.

```

*****
**   IHS/RPMS CRS 2006   **
**   Area Office Options **
*****

Version 6.0

DEMO HOSPITAL

UPL   Upload Report Files from Site
AGP   Run AREA National GPRA Report
GPUA  Run AREA GPRA Performance Report
AELD  Run AREA Elder Care Report
AHED  Run Area HEDIS Report
ACHW  Run AREA Childhood Height and Weight Data File
LSTF  List files in a directory

Select Area Options Option: AELD Run AREA Elder Care Report

```

Figure 7-17: Opening the Area Elder Care Report from the Area Office Options Menu

2. Select the date range for the report (Figure 7-18) by following steps a or b below.

```

Select one of the following:

1      January 1 - December 31
2      April 1 - March 31
3      July 1 - June 30
4      October 1 - September 30
5      User-Defined Report Period

Enter the date range for your report:

```

Figure 7-18: Running the Area Elder Care Report, selecting report date range

- a. To select a pre-defined period (e.g. January 1 – December 31):
 - i. Select one of the first four options.
 - ii. Enter the calendar year of the report end date.

- b. To enter your own report end date:
 - i. Select option 5, User-Defined Report Period.
 - ii. Enter the end date of the report in MM/DD/CCYY format (e.g. 11/30/2004).
3. Type the baseline year at the “Enter Year:” prompt. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline.

```

2006 Area Aggregate Elder Care Clinical Performance Measure Report

This will produce an Elder Care Performance Measure Report for all ELDER
measures for a year period you specify. You will be asked to provide:
1) the reporting period, 2) the baseline period to compare data to, and
the beneficiary/classification of the patients.

There are 23 measures in the Elder Care Measure Report.

Select one of the following:

1      January 1 - December 31
2      April 1 - March 31
3      July 1 - June 30
4      October 1 - September 30
5      User defined date range

Enter the date range for your report: 1  January 1 - December 31

Enter the Calendar Year for the report END date. Use a 4 digit
year, e.g. 2005
Enter Year: 2003 (2003)

Enter the Baseline Year to compare data to.
Use a 4 digit year, e.g. 1999, 2000
Enter Year (e.g. 2000): 2000 (2000)

The date ranges for this report are:
Report Period:      Jan 01, 2003 to Dec 31, 2003
Previous Year Period: Jan 01, 2002 to Dec 31, 2002
Baseline Period:    Jan 01, 2000 to Dec 31, 2000

```

Figure 7-19: Running Area Elder Care: Selecting Pre-defined Report Time Period

4. Type the number corresponding to the Beneficiary (patient) population to be included in the report (see section 6.6 step 20 above).

```

Select one of the following:

1      Indian/Alaskan Native (Classification 01)
2      Not Indian Alaskan/Native (Not Classification 01)
3      All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1//  Indian/Alaskan Native
(Classification 01)

```

Figure 7-20: Selecting Report Population-Type

5. Follow steps 3 through 7 above in section 7.2.1 (Area National GPRA report) to select facilities to be included in the report.
6. Follow steps 9 through 10 above in section 7.2.1 (Area National GPRA report) to select report type and output.

7.2.4 Run Area HEDIS Report (AHED)

The Area Office HEDIS Performance Report option (AHED) is used by the Area to produce an Area-wide HEDIS Performance report. This report aggregates all data files received to date from facilities and reports the total Area-wide numbers.

The HEDIS Performance report is different from the National GPRA report as it can be run for different types of user populations: American Indian and Alaska Natives (AI/AN) only, non AI/AN, or both. It can also be run for different date ranges, whereas the National GPRA report uses pre-defined date ranges. Patient lists are NOT included in the Area Aggregate report.

NOTE: To run the Area Aggregate HEDIS report, the data uploaded from the facilities must have the same report period, baseline period, and patient population.

1. Type AHED at the “Select Area Options Option:” prompt on the Area Office Options menu.

```

*****
**   IHS/RPMS CRS 2006   **
** Area Office Options **
*****
Version 6.0

DEMO HOSPITAL

UPL   Upload Report Files from Site
AGP   Run AREA National GPRA Report
GPUA  Run AREA GPRA Performance Report
AELD  Run AREA Elder Care Report
AHED  Run Area HEDIS Report
ACHW  Run AREA Childhood Height and Weight Data File
LSTF  List files in a directory

Select Area Options Option: AHED Run Area HEDIS Report

```

Figure 7-21: Opening the Area HEDIS Report from the Area Office Options Menu

2. Type the number corresponding to the appropriate date range for the Current report period at the “Enter the date range for your report:” prompt.
3. Type the calendar year for the END date of your Current Report period (e.g., 2005) at the “Enter Year:” prompt.

4. Enter the baseline year. Most often, this year will be two (2) years prior to the Current Report end date.
5. The screen will display the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline.

```

[AREA] IHS 2006 Area Aggregate HEDIS Performance Report

Select one of the following:

1      January 1 - December 31
2      April 1 - March 31
3      July 1 - June 30
4      October 1 - September 30

Enter the date range for your report: 1  January 1 - December 31

Enter the Calendar Year for the report END date.  Use a 4 digit
year, e.g. 2005
Enter Year:  2003  (2003)

Enter the Baseline Year to compare data to.
Use a 4 digit year, e.g. 1999, 2000
Enter Year (e.g. 2000):  2000  (2000)

The date ranges for this report are:
Reporting Period:      Jan 01, 2003 to Dec 31, 2003
Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
Baseline Period:      Jan 01, 2000 to Dec 31, 2000

```

Figure 7-22: Running Area HEDIS Report: Selecting the Report Time Period

6. Type the number corresponding to the Beneficiary (patient) population to be included in the report (see section 6.6.1 step 20 above).

```

Select one of the following:

1      Indian/Alaskan Native (Classification 01)
2      Not Indian Alaskan/Native (Not Classification 01)
3      All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1//  Indian/Alaskan Native
(Classification 01)

```

Figure 7-23: Selecting Report Population-Type

7. Follow steps 3 through 7 above in section 7.2.1 (Area National GPRA report) to select facilities to be included in the report.
8. Follow steps 9 through 10 above in section 7.2.1 (Area National GPRA report) to select report type and output.

7.2.5 Run Area Childhood Height and Weight File (ACHW)

The Area Childhood Height and Weight File option (ACHW) is used by the Area to produce an Area-wide delimited file containing unduplicated childhood height and weight data. This option combines all data files received to date from facilities and

creates a single delimited file that should be exported to the Division of Epidemiology.

1. Type ACHW at the “Select Area Options Option:” prompt on the Area Office Options menu.

```

*****
**   IHS/RPMS CRS 2006   **
**   Area Office Options **
*****
          Version 6.0

          DEMO HOSPITAL

UPL    Upload Report Files from Site
AGP    Run AREA National GPRA Report
GPUA   Run AREA GPRA Performance Report
AELD   Run AREA Elder Care Report
AHED   Run Area HEDIS Report
ACHW   Run AREA Childhood Height and Weight Data File
LSTF   List files in a directory

Select Area Options Option: ACHW Run AREA Childhood Height and Weight Data File

```

Figure 7-24: Opening the Area Childhood Height and Weight Data File from the Area Office Options Menu

2. The screen displays information about the file and the date range that has been pre-defined for the report. The date range uses the begin date of the baseline period through the end date of the report period of the National GPRA report.

```

NAVAJO Area Aggregate Childhood Height and Weight Export

This option is used to produce an area aggregate Childhood Height and
Weight Export file. This is a single delimited file that will be comprised
of height and weight data. This file should be exported to the Division
of Epidemiology, where it will construct frequency curves of BMI as
a GPRA developmental performance measure.

This file will contain height and weight data for the time period
Jul 01, 1999 through Jun 30, 2006 for all Active Clinical
patients ages 0-18 as of Jun 30, 2006 who have both a height
and weight value documented on a visit.

You will now be able to select which sites to use in the export.

Press Enter to Continue:

```

Figure 7-25: Running the Area Childhood Height and Weight Data File, predefined time period

3. Follow steps 3 through 7 above in section 7.2.1 (Area National GPRA report) to select facilities whose data will be included in the file.
4. A message is displayed with the number of facilities whose data will be included in the file, and the name of the export file that should be sent to the Division of Epidemiology is displayed. Type Y to create the file.

```
A total of 2 facilities have been selected.
```

```
A file will be created called CHW808701199907012006063020050927123809.TXT  
and will reside in the Q:\ directory. This file can be used in Excel.
```

```
Do you wish to continue? Y// y YES
```

```
DOS File Being Created'
```

```
Please Standby - Copying Data to DOS File Q:\\CHW8087011999070120060630200509271  
23809.TXT
```

7.3 List Files in a Directory (LSTF)

The List Files function allows Area Office technical staff to see a list of FileMan files that have been transmitted by facilities to the Area for aggregation. This list will ***not*** indicate whether the file has been uploaded into CRS.

1. Type **LSTF** at the “Area Office Options Option:” prompt on the Area Office Options menu.
2. Type the appropriate directory name at the “Enter directory path:” prompt. This should be the Area network directory to which the facility’s data files have been sent via FTP (File Transfer Protocol) at the time the facility ran the requested national Performance report (section 5.0).
3. A list of files will be displayed. Only FileMan data files created by CRS 2006 (BGP v. 6.*) will be listed. File names begin with “BG06,” followed by the six-digit ASUFAC code for the facility that created and transmitted the file. Files with an extension containing “.HE” are HEDIS reports. Files with an extension containing “.EL” are Elder Care reports.
4. Press the Enter key to return to the Area Office Options menu.

This option is used to list all CRS 2006 files that are in a directory.

These files begin with BG06.

You must specify the directory in which the CRS 2006 data files reside.

Enter directory path (e.g. /usr/spool/uucppublic/): q:\

The following CRS 06 files reside in the q:\ directory.

BG06000101.9

BG06000111.28

BG06404201.15

BG06404201.8

BG06404201.HE17

BG06404201.HE5

BG06404201.HE6

BG06808701.EL1

Enter RETURN to continue or '^' to exit:

Figure 7-26: Displaying CRS Data Files

8.0 Glossary

Active Clinical CHS Patients	In FY 2006, a new CHS-Only site parameter was added that <u>changes the definition</u> of the Active Clinical population (see below) to an Active Clinical CHS population because facilities whose patients only receive Contract Health Services do not meet the requirements of the Active Clinical population. See section 3.2.3 for detailed description of the denominator.
Active Clinical Patients	One of the two basic denominator definitions used by CRS. The Active Clinical definition was developed specifically for clinical performance measures because it was felt to be more representative of the active clinical population than the standard User Population definition. See section 3.2.3 for detailed description of the denominator.
AI/AN	Abbreviation for American Indian and Alaska Natives.
ASUFAC number	Area Service Unit Facility; A unique identifier for each facility within IHS. A six-digit number comprised of 2 digits for Area, 2 digits for Service Unit, and 2 digits for Facility.
Banner	A line of text with a user's name and domain.
Baseline Year	CRS calculates and reports on results for and comparisons between three time periods for each measure: the Current Year (defined by the user); the Previous Year; and the Baseline Year. Baseline is defined by the user at the time he or she runs the report. The Area GPRA coordinator should ensure that for GPRA and Area Performance reports, each facility uses the same Baseline Year; otherwise the Area's aggregate report will not calculate properly.
CPT Codes	One of several code sets used by the healthcare industry to standardize data, allowing for comparison and analysis. Current Procedural Terminology was developed and is updated annually by the American Medical Association and is widely used in producing bills for services rendered to patients. CPTs include codes for diagnostic and therapeutic procedures, and specify information that differentiates the codes based on cost. CPT codes are the most widely accepted nomenclature in the United States for reporting physician procedures and services for federal and private insurance third-party reimbursement. CRS searches for CPT and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

CRS	The Clinical Reporting System (CRS) is a component of the RPMS (Resource and Patient Management System) software suite. CRS provides sites with the ability to report on GPRA and developmental clinical measures from local RPMS databases.
Denominator	The denominator for a measure is the total population being reviewed to determine how many (what percentage) of the total meet the definition of the measure. Different measures have different denominators, e.g., all patients or all adult diabetic patients or all female patients between certain ages.
Developmental Measures	For IHS, these are performance measures that are being tested for possible inclusion as formal GPRA measures. The purpose of developmental measures is to test over two to three years whether accurate data can be reported and measured.
Device	A device that either displays or prints information.
Enter Key	Used interchangeably with the Return key. Press the Enter key to show the end of an entry such as a number or a word. Press the Enter key each time you respond to a computer prompt. If you want to return to the previous screen, simply press the Enter key without entering a response. This will take you back to the previous menu screen. The Enter key on some keyboards are shown as the Return Key. Whenever you see [ENT] or the Enter key, press the Enter or Return Key.
Entry Point	Entry point within a routine that is referenced by a “DO” or “GOTO” command from a routine internal to a package.
File	A set of related records or entries treated as a single unit.
FileMan	The database management system for RPMS.
FY	Abbreviation for Fiscal Year. The fiscal year for the federal government is October 1 through September 30.
Global	In MUMPS, global refers to a variable stored on disk (global variable) or the array to which the global variable may belong (global array).
GPRA	Abbreviation for Government Performance and Results Act, a Federal law requiring Federal agencies to document annually their goals and progress towards their goals. See section 3.1.1 for detailed description.

GPRA Measure	Performance measures specifically identified in the IHS Annual Performance Plan to Congress. Each measure has one denominator and one numerator. FY 2006, the IHS has 36 GPRA measures in four main categories: Treatment (21), Prevention (12), and Capital Programming/Infrastructure (3). These measures address the most significant health problems facing the AI/AN population.
GPRA Report (CRS)	In CRS, the GPRA Report is a report that only includes clinical performance measures from the IHS GPRA performance plan (no developmental measures). The GPRA Report is simultaneously printed at the site and exported to the Area for use in an Area aggregate report.
GPRA Report to Congress	IHS, as well as all other Federal agencies, provides an annual report to Congress in conjunction with its next year budget request to document how well and cost effectively the agency meets its defined mission. The report has three parts: 1) reporting on how many of the previous fiscal year measures were met and explanations for those measures not met; 2) providing final definitions for performance measures for the current fiscal year; and 3) providing any proposed additions, deletions and definition changes to measures for the following fiscal year.
Health Record Number (HRN)	Each facility assigns a unique number within that facility to each patient. Each HRN with its facility identification 'ASUFAC' make a unique identifier within all of IHS.
Healthy People 2010 (HP 2010)	HP 2010 presents a comprehensive, nationwide health promotion and disease prevention agenda under the direction of the U.S. Department of Health and Human Services. HP 2010 performance measure definitions and related targets are used by many healthcare organizations, including IHS, as the basis for its own clinical performance measures.
HEDIS	<u>Health Plan Employer Data and Information Set (HEDIS[®])</u> . HEDIS is a set of standardized performance measures originally designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans. HEDIS has evolved into focusing on healthcare prevention standards.

ICD Codes	One of several code sets used by the healthcare industry to standardize data. The International Classification of Disease is an international diagnostic coding scheme. In addition to diseases, ICD also includes several families of terms for medical-specialty diagnoses, health status, disablements, procedure and reasons for contact with healthcare providers. IHS currently uses ICD-9 for coding. CRS searches for ICD and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.
INDEX (%INDEX)	A Kernel utility used to verify routines and other MUMPS code associated with a package. Checking is done according to current ANSI MUMPS standards and RPMS programming standards. This tool can be invoked through an option or from direct mode (>D ^%INDEX).
Init	Initialization of an application package. The initialization step in the installation process builds files from a set of routines (the init routines). Init is a shortened form of initialization.
I/T/U	Abbreviation referring to all IHS direct, tribal, and urban facilities. Using the abbreviation I/T/U generally means that all components of the Indian health care system are being referred to.
Kernel	The set of MUMPS software utilities that function as an intermediary between the host operating system and application packages, such as Laboratory and Pharmacy. The Kernel provides a standard and consistent user and programmer interface between application packages and the underlying MUMPS implementation. These utilities provide the foundation for RPMS.
Local Report (CRS)	CRS produces reports for each measure (GPRA and developmental) that documents the number of patients in the denominator and the numerator as well as the percentage of patients meeting the measure. The report compares performance for three time periods: Current Year (user defined), Previous Year, and Baseline Year (user defined). Local reports can also produce patient lists at user request.
Logic	The detailed definition, including specific RPMS fields and codes, of how the software defines a denominator or numerator.

LOINC	Logical Observations, Identifiers, Names, and Codes. A standard coding system originally initiated for Laboratory values, the system is being extended to include non-laboratory observations (vital signs, electrocardiograms, etc.). Standard code sets are used to mitigate variations in local terminologies for lab and other healthcare procedures, e.g., Glucose or Glucose Test. IHS began integrating LOINC values into RPMS in several pilot sites in 2002.
Mandatory	Required. A mandatory field is a field that must be completed before the system will allow you to continue.
Menu	A list of choices for computing activity. A menu is a type of option designed to identify a series of items (other options) for presentation to the user for selection. When displayed, menu-type options are preceded by the word “Select” and followed by the word “option” as in Select Menu Management option: (the menu’s select prompt).
Mnemonic	A short cut that designated to access a particular party, name, or facility.
Namespace	A unique set of 2 to 4 alpha characters that are assigned by the database administrator to a software application.
National GPRA Report	In CRS, the National GPRA Report is a report that includes the specific denominator and numerator from each of the clinical measure topics included in the IHS GPRA performance plan and other key developmental (i.e., non-GPRA) measures. The National GPRA Report can be run and printed locally for site use or can be simultaneously printed at the site and exported to the Area for use in an Area aggregate report.
Numerator	The numerator is the number of patients from the denominator, i.e., the total population surveyed, who meet the logic criteria for a performance measure.
Option	An entry in the Option file. As an item on a menu, an option provides an opportunity for users to select it, thereby invoking the associated computing activity. Options may also be scheduled to run in the background, non-interactively, by TaskMan.

Patient List	CRS will produce for each measure a list of patients related to the specific measure. Most patient lists include patients from the denominator with any visit dates and/or codes that identifies them as meeting the measure. Patient lists are a good way to identify patients who need a procedure or test, e.g., patients ages 50 and older who have not received Influenza vaccinations.
PIT (Performance Improvement Team)	Facilities will have different names for their PITs, including GPRA Improvement, Quality Improvement, or other similar phrases. A PIT should represent members from all areas of the clinic staff, including providers (physicians, nurses, physician assistants, pharmacists, etc), medical records staff, data entry staff, quality assurance staff, Site Managers or other information technology staff, etc.
Performance Measure	A specific performance measure with one defined denominator and numerator. Performance measures are definitions of specific measurable objectives that can demonstrate progress toward the goals stated in an organization's strategic and/or performance plans.
Performance Measure Topic	An overarching clinical topic, e.g., Diabetes and Blood Pressure Control. Each performance measure topic may have multiple denominators and numerators that are related to the topic. For example, the Diabetes and Blood Pressure topic has three numerators: 1) how many diabetic patients had a minimum of two (2) blood pressure values in the past year; 2) how many patients had controlled BP, defined as mean BP value less than 130/80; and 3) how many patients had uncontrolled BP. Out of these three, the GPRA measure is Controlled Blood Pressure.
QI	Abbreviation for quality improvement.
Quarter Ending (for CRS reports)	Because all CRS reports are based on a minimum of one year's data, CRS provides users with options for only the ending dates of the report. Ending dates are pre-defined based on standard fiscal year quarterly periods. The Quarter Ending date options correspond to the last day of a standard quarter. Users can select from Quarter Ending 1 (December 31), QE 2 (March 31), QE 3 (June 30), or Fiscal Year End (September 30).
Queuing	Requesting that a job be processed at a later time rather than within the current session.
Receipt dates	The date that the party received the information
Receiving Party	The person or organization that is receiving the information.

Report Period	CRS reports analyze and report on a minimum of one year's data for all measures. Users define the Report period by selecting one of the pre-defined end dates and the appropriate year, e.g., selecting CY 2003 Quarter 2 will define April 1, 2002 through March 30, 2003 as the Report Period. All CRS reports also display the Previous and Baseline period for comparison.
Return key	Press the Return key to show the end of an entry such as a number or a word. Press the Return key each time you respond to a computer prompt. If you want to return to the previous screen, simply press the Return key without entering a response. This will take you back to the previous menu screen. The Return key on some keyboards are shown as the Enter Key. Whenever you see [RET] or the Return key, press the Return or Enter Key.
Routine	A program or sequence of instructions called by a program that may have some general or frequent use. MUMPS routines are groups of program lines that are saved, loaded, and called as a single unit via a specific name.
Sequential	Arranged in a particular order
Site Specific	Particular to a specific site
STAT	Immediately
Tagged	Marked with a specific identifier
Taxonomy	Taxonomies are groupings of functionally related data elements, such as specific codes, code ranges, or terms, that are used by various RPMS applications to find data items in PCC to determine if a patient meets a certain criteria. To ensure comparable data within the agency as well as to external organizations, as much CRS performance measure logic as possible is based on standard national codes, such as CPTs or ICD-9. For terminology that is not standardized across each facility, such as lab tests or medications, CRS uses taxonomies that can be populated by each individual facility with its own codes.
UCI	User Class Identification: a computing area.
Up-Hat (^)	A circumflex, also know as a "hat" or "caret," that is used as a piece delimiter in a global. The up-hat is denoted as "" and is typed by pressing Shift+6 on the keyboard.

User Population	CRS uses two main denominators for its reports, GPRA User Population and Active Clinical patients. The standard User Population definition was developed by IHS to define its core population for statistical reporting to Congress. User Population is defined as any AI/AN patient who is alive on the last day of the Report period and residing in the defined community with at least one visit to any clinic in the three years prior to the end of the Report period. See section 3.2.3 for detailed description of the two denominators.
Utility	A callable routine line tag or function. A universal routine usable by anyone.
Variable	A character or group of characters that refers to a value. MUMPS recognizes 3 types of variables: local variables, global variables, and special variables. Local variables exist in a partition of the main memory and disappear at sign-off. A global variable is stored on disk, potentially available to any user. Global variables usually exist as parts of global arrays.

9.0 Appendix A: FY05 - FY07 GPRA Measures

The table displayed on the following pages provides definitions, headquarters leads or “owners,” data source for performance measure reporting and performance targets for each GPRA performance measure.

FY 2005, 2006, 2007 GPRA MEASURES

Performance Measure	FY 2005 Target	2006 Target	2007 Target	Headquarters Lead
TREATMENT MEASURES				
Diabetes Group				
1. Diabetes: Poor Glycemic Control: Assure that the proportion of patients with diagnosed diabetes that have poor glycemic control does not increase [outcome]	During FY 2005, assure that the proportion of patients with diagnosed diabetes that have poor glycemic control does not increase above the FY 2004 level.	During FY 2006, assure that the proportion of patients with diagnosed diabetes that have poor glycemic control does not increase over FY 2005 level.	During FY 2007, assure that the proportion of patients with diagnosed diabetes that have poor glycemic control does not increase over FY 2006 level.	Kelly Acton, OCPS/DDTP, 505-248-4182
2. Diabetes: Ideal Glycemic Control: Address the proportion of patients with diagnosed diabetes that have demonstrated glycemic control at the ideal level. [outcome]	During FY 2005, maintain the proportion of patients with diagnosed diabetes that have demonstrated ideal glycemic control at the FY 2004 level.	During FY 2006, maintain the proportion of patients with diagnosed diabetes that have demonstrated ideal glycemic control at the FY 2005 level.	During FY 2007, maintain the proportion of patients with diagnosed diabetes that have demonstrated ideal glycemic control at the FY 2006 level.	Kelly Acton, OCPS/DDTP, 505-248-4182
3. Diabetes: Blood Pressure Control: Address the proportion of patients with diagnosed diabetes that have achieved blood pressure control. [outcome]	During FY 2005, maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2004 level.	During FY 2006, maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2005 level.	During FY 2007, maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2006 level.	Kelly Acton, OCPS/DDTP, 505-248-4182
4. Diabetes: Dyslipidemia Assessment: Address the proportion of patients with diagnosed diabetes assessed for dyslipidemia. [outcome]	During FY 2005, maintain the proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol) at the FY 2004 level.	During FY 2006, increase the proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol) over the FY 2005 level.	During FY 2007, increase the proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol) to 59% as measured by CRS and 76% as measured by the Diabetic audit.	Kelly Acton, OCPS/DDTP, 505-248-4182

Performance Measure	FY 2005 Target	2006 Target	2007 Target	Headquarters Lead
<u>5. Diabetes: Nephropathy Assessment:</u> Address the proportion of patients with diagnosed diabetes assessed for nephropathy. [outcome]	During FY 2005, maintain the proportion of patients with diagnosed diabetes assessed for nephropathy at the FY 2004 level.	During FY 2006, maintain the proportion of patients with diagnosed diabetes assessed for nephropathy at the FY 2005 level.	During FY 2007, maintain the proportion of patients with diagnosed diabetes assessed for nephropathy at the FY 2006 level.	Kelly Acton, OCPS/DDTP, 505-248-4182
<u>6. Diabetic Retinopathy:</u> Address the proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination. [outcome]	During FY 2005, maintain the proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination at designated sites at the FY 2004 rate.	During FY 2006, maintain the proportion of patients with diagnosed diabetes who receive an annual retinal examination at designated pilot sites at the FY 2005 level and establish the baseline of patients with diagnosed diabetes who receive an annual retinal examination at all sites.	During FY 2007, maintain the proportion of patients with diagnosed diabetes at all sites who receive an annual retinal examination at the FY 2006 level.	Mark Horton PIMC 602-263-1200 ext 2217 602-820-7654 (cell)
Cancer Screening Group				
<u>7. Cancer Screening: Pap Smear Rates:</u> Address the proportion of eligible women patients who have had a Pap screen within the previous three years. [outcome]	During FY 2005, maintain the proportion of eligible women patients who have had a Pap screen within the previous three years at the FY 2004 levels.	During FY 2006, maintain the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous three years at the FY 2005 level.	During FY 2007, maintain the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous three years at the FY 2006 level.	Nat Cobb, OPHS/Epi, 505-248-4132
<u>8. Cancer Screening: Mammogram Rates:</u> Address the proportion of eligible women who have had mammography screening within the last 2 years. [outcome]	During FY 2005, maintain the proportion of eligible women patients who have had mammography screening at the FY 2004 rate.	During FY 2006, maintain the proportion of female patients ages 50 through 64 who have had mammography screening within the last 2 years at the FY 2005 level.	During FY 2007, maintain the proportion of female patients ages 50 through 64 who have had mammography screening within the last 2 years at the FY 2006 level.	Nat Cobb, OPHS/Epi, 505-248-4132
<u>9. Cancer Screening: Colorectal Rates:</u> Address the proportion of eligible patients who have had appropriate colorectal cancer screening. [outcome]	No indicator.	During FY 2006, establish baseline rate of colorectal screening for clinically appropriate patients ages 50 and older.	During FY 2007, maintain the rate of colorectal screening for clinically appropriate patients ages 50 and older at the FY 2006 level.	Nat Cobb, OPHS/Epi, 505-248-4132

Performance Measure	FY 2005 Target	2006 Target	2007 Target	Headquarters Lead
Alcohol and Substance Abuse Group				
10. RTC Improvement/Accreditation: Assure quality and effectiveness of Youth Regional Treatment Centers. [output effective 05]	RTC Accreditation: During FY 2005, the Youth Regional Treatment Centers that have been in operation for 18 months or more will achieve 100% accreditation either through CARF or a comparable accreditation process.	RTC Accreditation: During FY 2006, maintain 100% accreditation rates for the Youth Regional Treatment Centers that have been in operation for 18 months or more, either through CARF, or a comparable accreditation process.	RTC Accreditation: During FY 2007, maintain 100% accreditation rates for the Youth Regional Treatment Centers that have been in operation for 18 months or more, either through CARF, or a comparable accreditation process.	Wilbur Woodis, OCPS/DBH, 301- 443-6581
11. Alcohol Screening (FAS Prevention): Address screening for alcohol use in appropriate female patients. [outcome]	During FY 2005, increase the screening rate for alcohol use in female patients 15 to 44 over the FY 2004 rate.	During FY 2006, increase the screening rate for alcohol use in female patients ages 15 to 44.	During FY 2007, increase the screening rate for alcohol use in female patients ages 15 to 44 to 8%.	Wilbur Woodis, OCPS/DBH, 301-443-6581
Oral Health Group				
12. Fluoridated Water: Address access to optimally fluoridated water for the AI/AN population. [outcome] In 2005, changes to Fluorides: Address American Indian and Alaska Native patients' access to topical fluorides.	During FY 2005, establish (1) the baseline number of topical fluoride applications provided to American Indian and Alaska Native patients, with a maximum number of four applications per patient per year and (2) the baseline number of American Indian and Alaska Native patients receiving at least one topical fluoride application.	During FY 2006, maintain the number of American Indian and Alaska Native patients receiving at least one topical fluoride application at the FY 2005 level.	During FY 2007, maintain the number of American Indian and Alaska Native patients receiving at least one topical fluoride application at the FY 2006 level.	Patrick Blahut, OCPS/DOH, 301-443-1106
13. Dental Access: Address the proportion of patients who obtain access to dental services. EFFICIENCY MEASURE	During FY 2005, maintain the proportion of patients that obtain access to dental services at the FY 2004 level.	During FY 2006, maintain the proportion of patients that obtain access to dental services at the FY 2005 level.	During FY 2007, maintain the proportion of patients that obtain access to dental services at the FY 2006 level.	Patrick Blahut, OCPS/DOH, 301-443-1106
14. Dental Sealants: Address the number of sealants placed per year in American Indian and Alaska Native patients. [outcome]	During FY 2005, maintain the number of dental sealants placed per year in American Indian and Alaska Native patients at the FY 2004 level.	During FY 2006, maintain the number of dental sealants placed per year in American Indian and Alaska Native patients at the FY 2005 level.	During FY 2007, maintain the number of dental sealants placed per year in American Indian and Alaska Native patients at the FY 2006 level.	Patrick Blahut, OCPS/DOH, 301-443-1106

Performance Measure	FY 2005 Target	2006 Target	2007 Target	Headquarters Lead
<u>15. Diabetes: Dental Access:</u> Address the proportion of patients diagnosed with diabetes who obtain access to dental services. [outcome]	During FY 2005, maintain the proportion of patients with diagnosed diabetes who obtain access to dental services at the FY 2004 level.	Eliminated in FY 2006	Eliminated in FY 2006	Patrick Blahut, OCPS/DOH, 301-443-1106
Family Abuse, Violence, and Neglect Measure				
<u>16. Domestic (Intimate Partner) Violence Screening:</u> Address the proportion of women who are screened for domestic violence at health care facilities. [outcome]	During FY 2005, the IHS will maintain the screening rate for domestic violence in female patients ages 15 through 40 at the FY 2004 rate.	During FY 2006, increase the screening rate for domestic violence in female patients ages 15 through 40.	During FY 2007, increase the screening rate for domestic violence in female patients ages 15 through 40 to 5%.	Theresa Cullen, ITSC/DIR/ OMS 520-670-4803 Ramona Williams, OCPS/DBH, 301-443-2038
Information Technology Development Group				
<u>Data Quality Improvement:</u> <u>17.</u> Expand the automated extraction of GPRA clinical performance measures and improve data quality. EFFICIENCY MEASURE effective 05	During FY 2005, implement a national program to improve the quality, accuracy and timeliness of Resource Patient Management System (RPMS) Patient Care Component (PCC) clinical data to support the Agency's GPRA clinical measures by expanding the current automated data quality assessment "package" to include two new additional clinical measures.	During FY 2006, continue the automated extraction of GPRA clinical performance measures through ongoing development and deployment of CRS (clinical reporting system) software.	During FY 2007, assure that all GPRA clinical performance measures based on RPMS data can be reported by CRS (clinical reporting system) software.	Theresa Cullen, ITSC/DIR/ OMS, 520-670-4803
<u>18. Behavioral Health:</u> Expand the Behavioral Health Data System by increasing use of appropriate software applications. In 2006 changes to: Improve behavioral health data by increasing use of RPMS behavioral health software	During FY 2005, expand the Behavioral Health (BH) Data System by increasing the number of sites using the RPMS Behavioral Health (BH) software application over the FY 2004 level	<u>During FY 2006,</u> establish a baseline rate of annual screening for depression in adults ages 18 and over collected from behavioral health and other RPMS software packages.	<u>During FY 2007,</u> maintain the rate of annual screening for depression in adults ages 18 and over at the FY 2006 level.	Wilbur Woodis, OCPS/DBH, 301-443-6581

Performance Measure	FY 2005 Target	2006 Target	2007 Target	Headquarters Lead
applications and behavioral health-related functionality found in other RPMS clinical applications [Changes to Outcome in FY 2006]				
19. Urban IS Improvement: Expand Urban Indian Health Program capacity for securing mutually compatible automated information system that captures health status and patient care data for the Indian health system.	During FY 2005, IHS will have in place contract and grant requirements for all urban Indian programs to provide a specified data set in a standard format.	During FY 2006, increase the number of urban sites reporting clinical GPRA performance measures through the national clinical reporting process from 2005 levels.	During FY 2007, maintain the number of urban sites reporting clinical GPRA performance measures through the national clinical reporting process at 2006 levels.	Denise Exendine /OD/OUIHP, 301-443-4680
Quality of Care Group				
20. Accreditation: Maintain 100% accreditation of all IHS hospitals and outpatient clinics.	During FY 2005, maintain 100% accreditation of all IHS-operated hospitals and outpatient clinics.	During FY 2006, maintain 100% accreditation of all IHS-operated hospitals and outpatient clinics.	During FY 2007, maintain 100% accreditation of all IHS-operated hospitals and outpatient clinics.	Balerna Burgess, ORAP/BOE, 301-443-1016
21. Medication Error Improvement: Address medication errors by developing a reporting system to reduce medication errors. [outcome] In 2006, changes to Medical Error Improvement: Address medical errors through development and implementation of a medical error reporting system.	During FY 2005, all direct care facilities shall be using the NCCMERP nationally recognized medication error definition, and shall have a non-punitive multi-disciplinary medication error reporting system in place.	Medical Error Improvement: During FY 2006, IHS will establish and evaluate a medical error reporting system at 3 areas.	During FY 2007, IHS will maintain operation of a medical error reporting system at 3 areas.	Robert Pittman, OCPS/DCCS, 301-443-1190 (05 only) Theresa Cullen, ITSC/DIR/ OMS, 520-670-4803 (06-07)
22. Customer Satisfaction:	Eliminated in FY 2005. (subsumed by accreditation indicator)	Eliminated effective FY 2005.	Eliminated in FY 2005.	Phil Smith, OPHS 301-443-6528

Performance Measure	FY 2005 Target	2006 Target	2007 Target	Headquarters Lead
PREVENTION MEASURES				
Public Health Nursing Measure				
23. Public Health Nursing: Address the number of public health nursing services (primary and secondary treatment and preventive services) provided by public health nursing. EFFICIENCY MEASURE	During FY 2005, maintain the total number of public health nursing services (primary and secondary treatment and preventive services) provided to individuals in all settings at the FY 2004 workload levels.	During FY 2006, implement a data system capable of recording the time spent and nature of public health activities other than one-on-one patient care, with an emphasis on activities that serve groups or the entire community.	During FY 2007, establish a baseline of time spent and nature of public health activities performed by public health nurses.	Cheryl Peterson, OCPS 301-443-1840
Immunization Group				
24. Childhood Immunizations: Address rates for recommended immunizations for AI/AN children 19-35 months. [outcome]	During FY 2005, maintain baseline rates for recommended immunizations for American Indian and Alaska Native children 19-35 months compared to FY2004.	During FY 2006, maintain baseline rates for recommended immunizations for American Indian and Alaska Native children 19-35 months compared to FY 2005.	During FY 2007, maintain the rates for recommended immunizations for American Indian and Alaska Native children 19-35 months at the FY 2006 level.	Amy Groom, OPHS/Epi 505-248-4226 Jim Cheek, OPHS/Epi, 505-248-4226
25. Adult Immunizations: Influenza: Address influenza vaccination rates among non-institutionalized adult patients aged 65 years and older. [outcome]	In FY 2005, maintain the FY 2004 rate for influenza vaccination levels among adult patients aged 65 years and older. (ON HOLD in FY 2005 due to influenza vaccine shortage).	In FY 2006, maintain FY 2004 rate for influenza vaccination levels among adult patients aged 65 years and older.	In FY 2007, maintain the rate for influenza vaccination levels among adult patients aged 65 years and older at the FY 2006 level.	Amy Groom, OPHS/Epi. 505-248-4226 Jim Cheek, DPHS/Epi, 505-248-4226
26. Adult Immunizations: Pneumovax: Address pneumococcal vaccination rates among non-institutionalized adult patients age 65 years and older. [outcome]	In FY 2005, maintain the FY 2004 rate for pneumococcal vaccination levels among adult patients age 65 years and older.	In FY 2006, increase the rate for pneumococcal vaccination levels among adult patients age 65 years and older to 72%.	In FY 2007, increase the rate for pneumococcal vaccination levels among adult patients age 65 years and older to 76%.	Amy Groom, OPHS/Epi 505-248-4226 Jim Cheek, OPHS/Epi 505-248-4226
Injury Prevention Group				
27. Injury Intervention: Support community-based injury prevention programs.	Web-based Reporting: During FY 2005, develop a web-based data collection system to report injury prevention projects.	Web-based Reporting: During FY 2006, implement web-based data collection system to report injury prevention projects.	During FY 2007 each Area will conduct at least three community injury prevention projects and report them using the automated	Nancy Bill, OEHE/DEHS, 301-443-0105

Performance Measure	FY 2005 Target	2006 Target	2007 Target	Headquarters Lead
			tracking system.	
28. Unintentional Injury Rates: Address the number of unintentional injuries for AI/AN people. [outcome]	During FY 2005, reduce the mortality rate of unintentional injuries to no higher than the FY 2004 level.	During FY 2006, reduce the mortality rate of unintentional injuries to no higher than the FY 2005 level.	During FY 2007, maintain the mortality rate of unintentional injuries at the FY 2006 level.	Nancy Bill, OEHE/DEHS, 301-443-0105
Suicide Prevention Measure				
29. Suicide Surveillance: Support suicide prevention by collecting comprehensive data on the incidence of suicidal behavior. [Changes to outcome in FY 2006]	During FY 2005, integrate the Behavioral Health suicide reporting tool into RPMS.	During FY 2006, establish baseline data on suicide using the RPMS suicide reporting tool.	During FY 2007, maintain baseline data on suicide using the RPMS suicide reporting tool.	Wilbur Woodis, OCPS/DBH, 301-443-6581
Developmental Prevention and Treatment Group				
30. CVD Prevention: Cholesterol: Support clinical and community-based cardiovascular disease prevention initiatives. [outcome] In 2007, changes to CVD Comprehensive Assessment	CVD Prevention: Cholesterol: During FY 2005, establish the proportion of patients ages 23 and older that receive blood cholesterol screening.	During FY 2006, increase the proportion of patients ages 23 and older that receive blood cholesterol screening.	CVD Comprehensive assessment: During FY 2007, establish the baseline proportion of at risk patients who have a comprehensive assessment for all CVD-related risk factors.	James Galloway, PAO/Native American Cardiology Program, 928-214-3920
31. Obesity Assessment: Support clinical and community-based obesity prevention initiatives. In 2006, changes to Childhood Weight Control [outcome]	During FY 2005, each area will increase the number of patients for whom BMI data can be measured by 5%.	Childhood Weight Control: During FY 2006, establish the baseline proportion of children, ages 2-5 years, with a BMI percentile of 95% or higher.	During FY 2007, maintain the proportion of children, ages 2-5 years, with a BMI of 95% or higher at the 2006 level.	Jean Charles-Azure, OCPS/DCCS, 301-443-0576

Performance Measure	FY 2005 Target	2006 Target	2007 Target	Headquarters Lead
32. Tobacco Use Assessment: Support local level initiatives directed at reducing tobacco usage. [outcome]	During 2005, rates of screening for tobacco use in patients will be maintained at FY 2004 rates.	During 2006, establish the proportion of tobacco using patients that receive tobacco cessation intervention.	During 2007, maintain the proportion of tobacco using patients that receive tobacco cessation intervention at the baseline established in FY 2006.	Nat Cobb, OPHS/Epi , 505-248-4132
HIV/AIDS Measure				
33. HIV Screening: Support screening for HIV infections in appropriate population groups. [outcome]	Prenatal HIV Screening: In FY 2005, establish the baseline number of women screened for HIV in pregnancy.	In FY 2006, increase the proportion of pregnant female patients screened for HIV.	In FY 2007, maintain the proportion of pregnant female patients screened for HIV at the FY 2006 level.	Jim Cheek, DPHS/Epi, 505-248-4226
Environmental Surveillance Measure				
34. Environmental Surveillance: Implement automated web-based environmental health surveillance data collection system in tribal systems.	By the end of FY 2005, 12 environmental health programs will have reported the regionally appropriate environmental health priorities based on current community data into WebEHRS.	By the end of FY 2006, assure that 50% more environmental health programs above FY 2005 level will have reported the regionally appropriate environmental health priorities based on current community data (a total of 18 programs in FY 2006) into WebEHRS.	By the end of FY 2007, assure that 60% more environmental health programs above FY 2006 level will have reported the regionally appropriate environmental health priorities based on current community data (a total of 29 programs in FY 2007) into WebEHRS.	Kelly Taylor, OEHE,OPHS, 301-443-1593
CAPITAL PROGRAMMING/INFRASTRUCTURE MEASURES				
35. Sanitation Improvement: Provide sanitation facilities to new or like-new homes and existing Indian homes. EFFICIENCY MEASURE	During FY 2005, provide sanitation facilities projects to 20,000 Indian homes with water, sewage disposal, and/or solid waste facilities.	During FY 2006, provide sanitation facilities projects to 20,000 Indian homes with water, sewage disposal, and/or solid waste facilities.	During FY 2007, provide sanitation facilities projects to 20,000 Indian homes with water, sewage disposal, and/or solid waste facilities.	James Ludington, OEHE/DSFC 301-443-1046
35A. Sanitation Improvement A. During FY 2006 20% of the homes served will be at Deficiency Level 4 or above as defined by 25 USC 1632.	No measure.	During FY 2006, 20% of the homes served by the Sanitation Facilities Construction Program funding for the backlog of needs for existing homes will be at Deficiency Level 4 or above as defined by 25 USC 1632.	During FY 2007, 20% of the homes served by the Sanitation Facilities Construction Program funding for the backlog of needs for existing homes will be at Deficiency Level 4 or above as defined by 25 USC 1632.	James Ludington, OEHE/DFSC, 301-443-1046

Performance Measure	FY 2005 Target	2006 Target	2007 Target	Headquarters Lead
36. <u>Health Care Facility Construction:</u> Improve access to health care by construction of the approved new health care facilities. EFFICIENCY MEASURE (effective 2005)	During FY 2005, increase the modern health care delivery system to improve access and efficiency of health care by assuring the timely phasing of construction of the following health care facilities: a. Winnebago, NE – revise method of providing Drug Dependency Unit portion of project since renovation of old structure no longer considered feasible. b. Phoenix Indian Medical Center (PIMC) System, SE Ambulatory Care Center (ACC), Upper Santan, AZ – continue planning of this satellite health center. c. PIMC, SW ACC, Komatke, AZ – continue planning of this satellite health center. d. Barrow, AK – commence site acquisition and design of replacement hospital. e. Pinon, AZ – complete construction of new health center and supporting staff quarters. f. Red Mesa, AZ –continue construction of a new health center and supporting staff quarters. g. St. Paul, AK – continue construction of replacement health center and supporting staff quarters. h. Metlakatla, AK – continue construction of replacement	During FY 2006, increase the modern health care delivery system to improve access and efficiency of health care by assuring the timely phasing of construction of the following health care facilities: a. Winnebago, NE – continue providing Drug Dependency Unit portion of project. b. Phoenix Indian Medical Center (PIMC) System, SE Ambulatory Care Center (ACC), Upper Santan, AZ – complete planning and commence design of new satellite health center. c. PIMC System, SW ACC, Komatke, AZ – complete planning and commence design of new satellite health center. d. Barrow, AK – complete site acquisition and continue design of replacement hospital. e. Red Mesa, AZ – complete construction of new health center and supporting staff quarters. f. St. Paul, AK – complete construction of replacement health center and supporting staff quarters. g. Metlakatla, AK – complete construction of replacement health center and supporting staff quarters. h. Sisseton, SD – continue construction of a replacement health center and supporting staff quarters.	During FY 2007, increase the modern health care delivery system to improve access and efficiency of health care by assuring the timely phasing of construction of the following health care facilities: a. Winnebago, NE – continue providing Drug Dependency Unit portion of project. b. Phoenix Indian Medical Center (PIMC) System, SE Ambulatory Care Center (ACC), Upper Santan, AZ – continue design of new satellite health center. c. PIMC System, SW ACC, Komatke, AZ – continue with design of new satellite health center. d. PIMC System, NE ACC, Scottsdale, AZ – start design of new satellite health center. e. Barrow, AK – continue design of replacement hospital. f. Sisseton, SD – complete construction of a replacement health center and supporting staff quarters. g. Clinton, OK – continue construction of replacement health center. h. Eagle Butte, SD – complete design and start construction of replacement health center. i. Kayenta, AZ – commence design of replacement health center. j. San Carlos, AZ – commence design of replacement health center. k. Wagner, SD – complete design	Jose Cuzme, OEHE/DFPC/, 301-443-8616

Performance Measure	FY 2005 Target	2006 Target	2007 Target	Headquarters Lead
	<p>health center and supporting staff quarters.</p> <p>i. Sisseton, SD –continue construction of replacement health center and supporting staff quarters.</p> <p>j. Clinton, OK – complete design and commence construction of replacement health center.</p> <p>k. Eagle Butte, SD – complete planning for replacement health center.</p> <p>l. Kayenta, AZ – complete planning of replacement health center.</p> <p>m. San Carlos, AZ – complete planning of replacement health center.</p> <p>n. Bethel, AK – complete design-build of staff quarters supporting the existing health care facility.</p> <p>o. Zuni, NM –continue design and construction of staff quarters supporting existing health care facility.</p> <p>p. Wagner, SD – commence design and construction of staff quarters supporting existing health care facility.</p> <p>q. Ft. Belknap, MT – complete planning update of staff quarters supporting existing health care facility in Harlem, MT, and satellite health care facility in Hays, MT, and commence design and construction of Harlem units.</p> <p>r. Wadsworth, NV – continue design and construction of</p>	<p>i. Clinton, OK – continue construction of replacement health center.</p> <p>j. Eagle Butte, SD – commence design of replacement health center.</p> <p>k. Kayenta, AZ – prepare to commence design of replacement health center.</p> <p>l. San Carlos, AZ – prepare to commence design of replacement health center.</p> <p>m. Zuni, NM – complete design and construction of staff quarters supporting existing health care facility.</p> <p>n. Wagner, SD – continue design and construction of staff quarters supporting existing health care facility.</p> <p>o. Ft. Belknap, MT – continue design and construction of staff quarters supporting existing health care facility in Harlem, MT, and satellite health care facility in Hays, MT.</p> <p>p. Phoenix-Nevada Youth Regional Health Center (YRTC) – continue construction of this satellite YRTC.</p> <p>q. Central-Southern California YRTC – continue site acquisition.</p> <p>r. Northern California YRTC – continue site acquisition.</p> <p>s. Small Ambulatory Program (SAP) – until completed, continue to monitor tribal construction projects receiving FY 2001, FY</p>	<p>of staff quarters supporting existing health care facility.</p> <p>l. Ft. Belknap, MT – complete design and construction of staff quarters supporting existing health care facility in Harlem, MT, and satellite health care facility in Hays, MT.</p> <p>m. Phoenix-Nevada Youth Regional Health Center (YRTC) – complete construction of this satellite YRTC.</p> <p>n. Central-Southern California YRTC – continue site acquisition.</p> <p>o. Northern California YRTC – continue site acquisition..</p> <p>p. Dental Facilities Program – using FY 2007 funding, provide additional dental units.</p> <p>q. Joint Venture Construction Program (JVCP) – negotiate JVCP Agreement and issue funding for initial equipment for tribally provided and owned health center.</p> <p>r. Small Ambulatory Program (SAP) – until completed, continue to monitor tribal construction projects receiving FY 2001, FY 2002, and FY 2003 awards. Award competitively selected tribally owned health center SAP projects using FY 2007 funding.</p>	

Performance Measure	FY 2005 Target	2006 Target	2007 Target	Headquarters Lead
	<p>Phoenix-Nevada satellite Youth Regional Treatment Center (YRTC).</p> <p>s. Central-Southern California – complete YRTC project planning and commence site acquisition.</p> <p>t. Northern California – complete YRTC project planning and commence site acquisition.</p> <p>u. Joint Venture Construction Program (JVCP) – negotiate JVCP Agreement and issue funding for initial equipment for tribally provided and owned health center.</p> <p>t. Small Ambulatory Program (SAP) – until completed, continue to monitor tribal construction projects receiving FY 2001, FY 2002, and FYP 2003 awards. With tribal consultation, update administration procedures and solicit FY 2005 SAP applications for tribally owned health center projects.</p> <p>u. Dental Facilities Program – using FY 2005 funding, provide additional dental units.</p>	<p>2002, and FY 2003 awards. Award additional competitively selected tribally owned health center SAP projects using FY 2005 funding.</p>		
CONSULTATION, PARTNERSHIPS, CORE FUNCTIONS, AND ADVOCACY MEASURES C				
Consultation Improvement Measure				
37. Consultation Process Improvement	Eliminated effective FY 2005	Eliminated effective FY 2005	Eliminated effective FY 2005	Dave Byington, OTP/OD, 301-443-1104
Administrative Efficiency, Effectiveness, and Accountability Group				
38. CHS Procurement Improvement: Improve the level of Contract Health Service	Eliminated in FY 2005 due to the Medicare Modernization Act that makes CHS negotiated contracts	IHS will develop a new indicator for FY 2006.		Clayton Old Elk Brenda Jeanotte, ORAP/DCC,

Performance Measure	FY 2005 Target	2006 Target	2007 Target	Headquarters Lead
(CHS) procurement of inpatient and outpatient hospital services for routinely used providers under contracts or rate quote agreements at the IHS-wide reporting level.	obsolete. Moves to Treatment group in FY 2006.	Eliminated	Eliminated effective FY 2005	301-443-2694
39. Public Health Infrastructure Assure appropriate administrative and public health infrastructure is in place in response to agency reorganization and accountability requirements.	By the end of FY 2005, the IHS will have completed a systematic assessment of the public health infrastructure for Headquarters in an additional three Area Offices.	Eliminated effective FY 2006	Eliminated effective FY 2006	Nat Cobb, OPHS/Epi, 505-248-4132
40. Compliance Plans:	Eliminated in FY 2004	Eliminated effective FY 2004	Eliminated effective FY 2004	
41. Tribal SD Process:	Eliminated in FY 2004	Eliminated effective FY 2004	Eliminated effective FY 2004	
Quality of Work Life and Staff Retention Group				
42. Scholarships: Assess scholarship program for placement and efficiency. EFFICIENCY MEASURE.	During FY 2005, the IHS will increase its efficiency in placing Health Profession Scholarship recipients in Indian health settings within 90 days of graduation by 2% over the established FY 2004 baseline. Moves to Treatment Group in 2006	During FY 2006, IHS will increase its efficiency in placing Health Profession Scholarship recipients in Indian health settings within 90 days of graduation over the FY 2005 rate. Moves to Treatment Group in 2006	During FY07 IHS will increase its efficiency in placing Health Profession Scholarship recipients in Indian health settings within 90 days of graduation over the FY2006 rate.	Jess Brien, OPHS/DHP, 301-443-2545

10.0 Appendix B: Working with Delimited Files

Sites that want more flexibility than a printed report to be able to rearrange their report data into a different format and perform other types of calculations on the numbers will need to use the delimited file option.

Note: This option is particularly useful for manipulating pages of patient lists so that the user can sort them by any column they want to.

10.1 Producing a Delimited File

See section 6.0 for detailed instructions on running reports and producing a delimited file.

1. Type the corresponding letter for your output at the “Select an Output Option:” prompt
 - **P** (Print) will send the report file to your printer, your screen or an electronic file.
 - **D** (Delimited Output) will produce an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation. The delimited output is particularly useful for patient lists because they can be sorted in multiple ways. (See Appendix B for detailed instructions.)
 - **B** (Both) will produce both a printed report and a delimited file.

```

SUMMARY OF NATIONAL GPRA REPORT TO BE GENERATED

The date ranges for this report are:

Reporting Period:      Jul 01, 2005 to Jun 30, 2006
Previous Year Period:  Jul 01, 2004 to Jun 30, 2005
Baseline Period:      Jul 01, 1999 to Jun 30, 2000

The COMMUNITY Taxonomy to be used is: LB_Lodge_Yellow

The HOME location is: HOME 404295

Please choose an output type.  For an explanation of the delimited
file please see the user manual.

Select one of the following:

P          Print Report on Printer or Screen
D          Create Delimited output file (for use in Excel)
B          Both a Printed Report and Delimited File

Select an Output Option: P// P  Print Report on Printer or Screen

DEVICE: HOME//      Right Margin: 80//

```

Figure 10-1: Selecting Output Options for Reports

2. If you select D (Delimited) at the “Select an Output Option” prompt, you will be prompted to print your file to the screen (S) or to an electronic file (F). If this report will take several hours to run, it is recommended to print to a file.

If you select F File, type the name of the delimited file at the “Enter a filename for the delimited output:” prompt. File names cannot exceed 40 characters and will automatically be given the extension .txt. Most sites will be set up to automatically print the file to your network’s Public directory. You may need to FTP the delimited file from Pub to your computer. Ask your Site Manager for additional information about retrieving files from your local network.

You will be prompted to queue the report to run at a later time. You can specify another day or another time.

```
Select an Output Option: P// d Create Delimited output file (for use in Excel)

You have selected to create a delimited output file. You can have this
output file created as a text file in the pub directory,
OR you can have the delimited output display on your screen so that
you can do a file capture. Keep in mind that if you choose to
do a screen capture you CANNOT Queue your report to run in the background!!

Select one of the following:

      S      SCREEN - delimited output will display on screen for capture
      F      FILE - delimited output will be written to a file in pub

Select output type: S// f FILE - delimited output will be written to a file in pub
Enter a filename for the delimited output (no more than 40 characters): mytestfile

When the report is finished your delimited output will be found in the
q:\ directory. The filename will be mytestfile.txt

Won't you queue this ? Y// y YES
Requested Start Time: NOW//20:00:00 (APR 27, 2006@20:00:00)
Tasked with 2033810
```

Figure 10-2: Running Reports: Delimited Reports

10.2 Opening Text Files in Excel

To import the delimited file into Excel, perform the following steps:

1. Open Excel.
2. Select FILE, then OPEN from the menu bar.
3. Browse to the appropriate folder on your computer system where the delimited file is located. You may need to check with your Site Manager.

4. Ensure that the “Files of type” box at the bottom is set to “Text Files” or “All Files.” Highlight and double-click on the name of the text file you want to open.

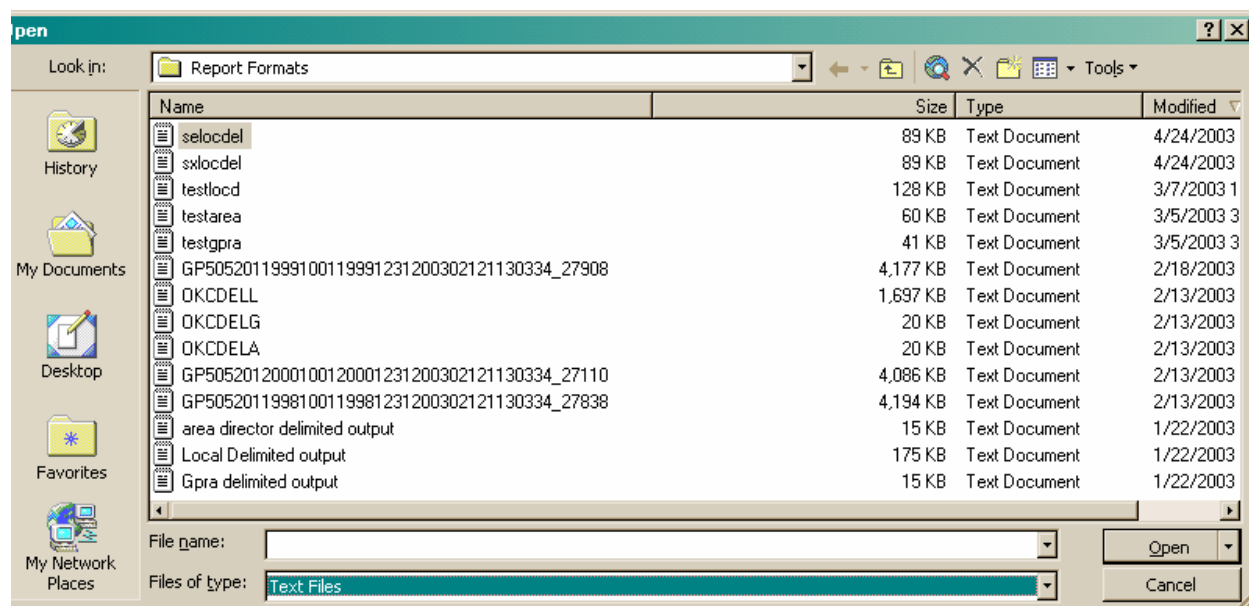


Figure 10-3: Importing the delimited file into Excel (step 4)

5. The Text Import Wizard dialog box should appear automatically.
6. Check to make sure that the “Delimited” radio button is selected for Original Data Type. Click the **Next** button at the bottom right to proceed.

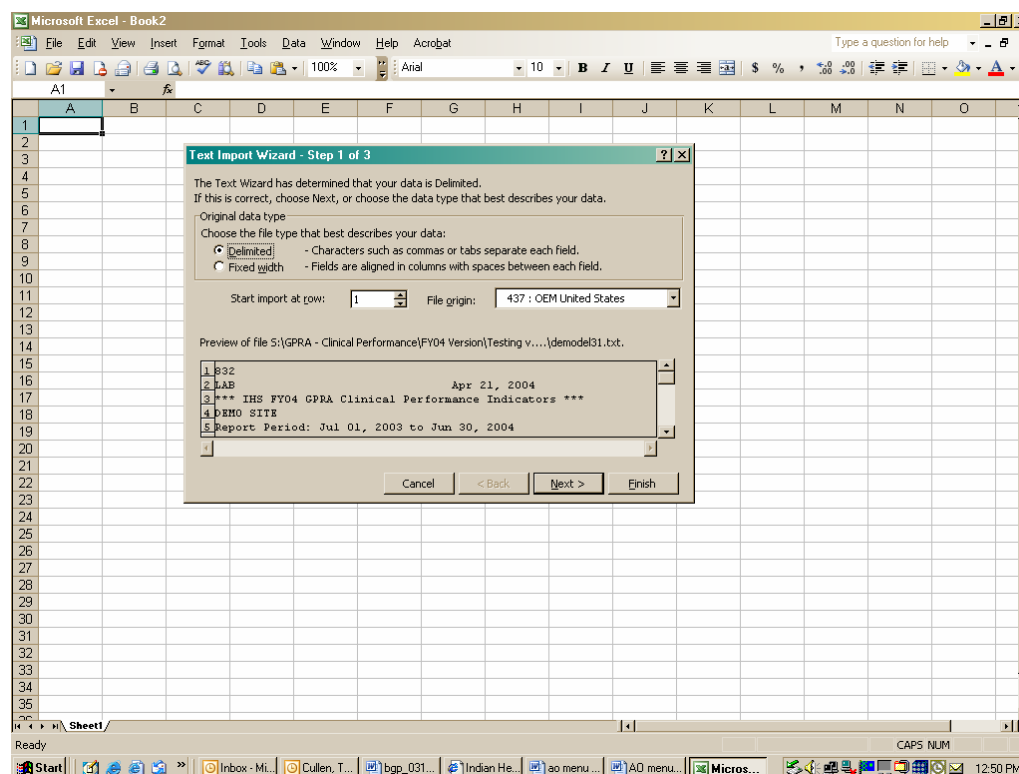


Figure 10-4: Importing the delimited file into Excel (step 6)

7. In the Delimiters box on the Step 2 screen:

- Deselect “Tab” by clicking the check box off
- Select “Other” by clicking the check box on
- Type a caret (^) in the box next to Other. This tells Excel that the file you are importing separates (delimits) the fields with a “^” character.

8. Click the Next button to continue.

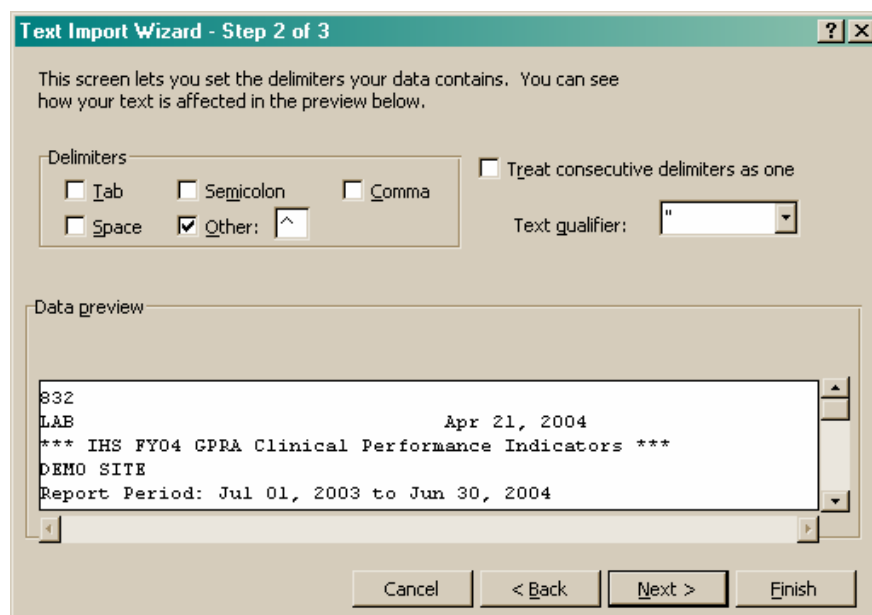


Figure 10-5: Importing the delimited file into Excel (step 8)

9. On the Step 3 screen, highlight all the columns by scrolling down until you see multiple columns in the Data Preview screen, hold the shift key down, and click on the last column. All columns should now be highlighted.

Change the Column data format selected to “Text.” If you leave the format set to “General,” Excel will reformat some of the cells, e.g., change age ranges to dates.

Click the Finish button.

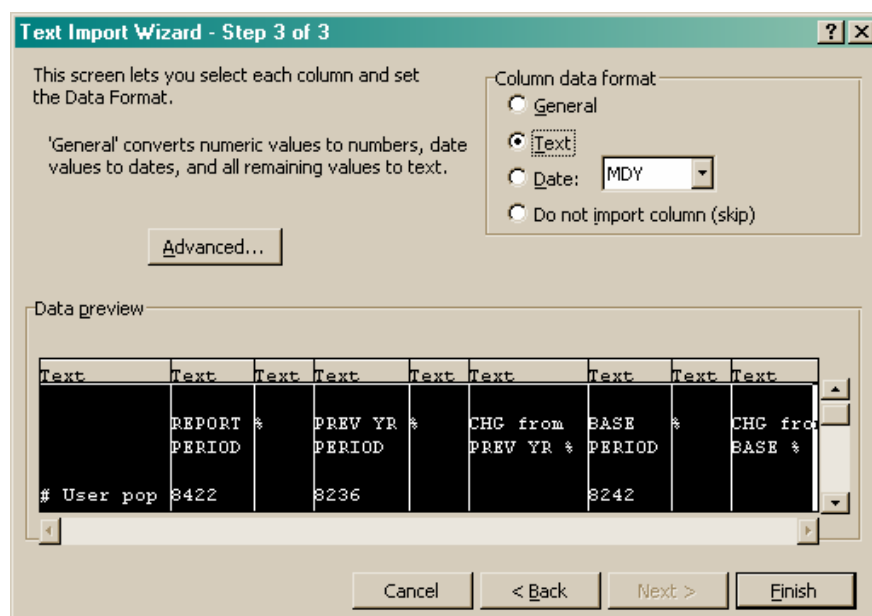


Figure 10-6: Importing the delimited file into Excel (step 9)

10. The file will appear on the Excel screen. Each column that you view on the printed report now appears in a separate Excel column that can be resized and used to perform arithmetical calculations.

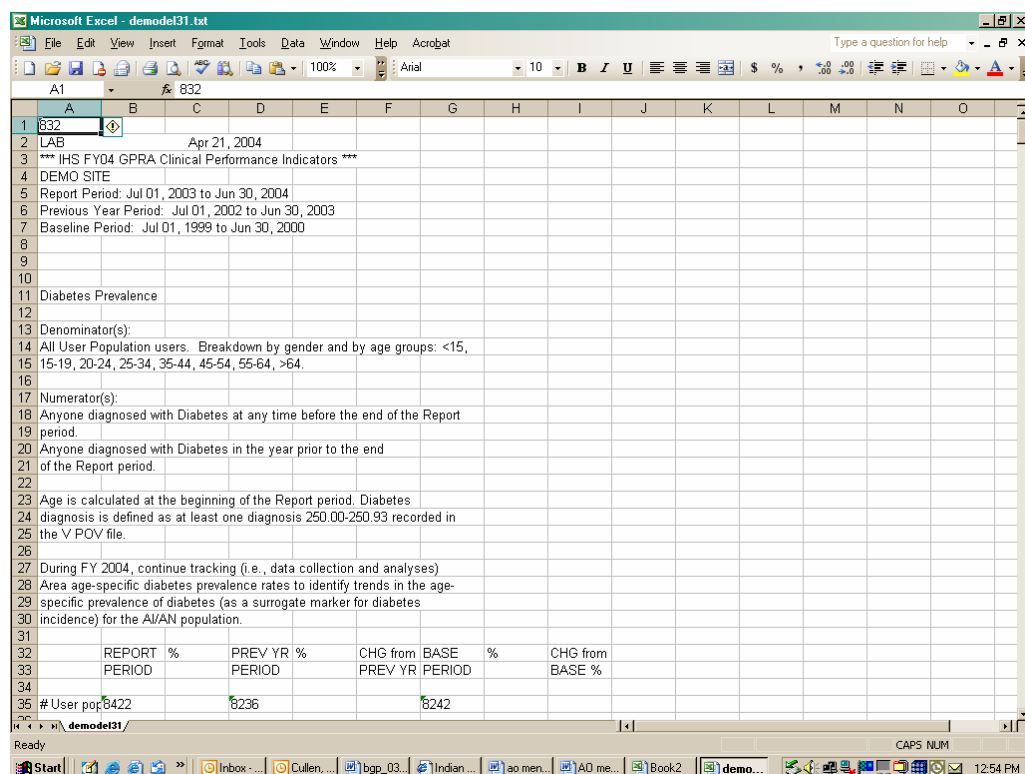


Figure 10-7: Importing the delimited file into Excel (step 10)

11. Below is an example of a spreadsheet that has been formatted.

Microsoft Excel - testload

VVBM Mar 05, 2003

*** IHS FY03 Local Clinical Performance Indicator Report ***

DEMO HOSPITAL

Report Period: Oct 01, 2000 to Sep 30, 2001

Previous Year Period: Oct 01, 1999 to Sep 30, 2000

Baseline Period: Oct 01, 1997 to Sep 30, 1998

Indicator 1: Diabetes Prevalence

Denominator: All GPRA User Population.

Numerator 1: any DM POV Diagnosis ever (POV 250.00-250.93)

Numerator 2: DM POV Diagnosis in year prior to end of Report period

Continue tracking Area age-specific diabetes prevalence rates to identify trends in diabetes prevalence (as surrogate marker for diabetes incidence).

	REPORT PERIOD	%	EV %	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# User pop	196		205		208		
# w/ any DM DX	16	8.2%	13	6.3%	10	4.8%	3.4
# w/ DM DX w/in past year	10	5.1%	10	4.9%	8	3.8%	1.3
# MALE User pop	99		97		93		
# w/ any DM DX	9	4.6%	8	3.9%	6	2.9%	2.6
# w/ DM DX w/in past year	5	2.6%	6	2.9%	5	2.4%	-0.3
# FEMALE User pop	97		108		115		
# w/ any DM DX	7	3.6%	5	2.4%	4	1.9%	3.7
# w/ DM DX							

Preview: Page 1 of 60

CAPS

Figure 10-8: Formatted Performance Report

10.3 Sorting Patient Lists in Excel

Patient lists can be more easily sorted and formatted in Excel. First, run any of the Selected Measures reports (COM, PP, or ALL menu options) and select Patient Lists. Then select Delimited as your report output option.

Follow the steps above to open your delimited report in Excel. The following example demonstrates how to identify at risk patients who need to receive influenza immunizations.

1. In Excel, scroll down to the patient list that you want to sort.
2. Format the spreadsheet to see the data more clearly, e.g., change the width of some columns (Figure 10-9)

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT,HENRIETTA	953969	COMMUNITY #1	F	49	AD 12/15/03 Imm 88
PATIENT,MARCEIL	950599	COMMUNITY #1	F	50	UP,AC
PATIENT,HELENE	960809	COMMUNITY #1	F	50	UP
PATIENT,NICOLE PATRICE	953695	COMMUNITY #1	F	52	UP 11/20/03 Imm 88
PATIENT,LOUISE	996350	COMMUNITY #1	F	53	UP,AC 11/24/03 Imm 88
PATIENT,AMANDA	999039	COMMUNITY #1	F	55	UP,AC
PATIENT,ANGELITA	969999	COMMUNITY #1	F	55	UP
PATIENT,DEIRDRE LYNN	950879	COMMUNITY #1	F	56	UP,AC 10/07/03 Imm 88
PATIENT,BETTY	985999	COMMUNITY #1	F	58	UP,AC 11/24/03 Imm 88
PATIENT,GERALYN	999990	COMMUNITY #1	F	62	UP 11/20/03 Imm 88
PATIENT,MARILYN	996769	COMMUNITY #1	F	63	UP,AC 12/20/03 Imm 88
PATIENT,ANTIONITA	995858	COMMUNITY #1	F	66	UP,AC 10/21/03 Imm 88
PATIENT,PAMELA ANN	950399	COMMUNITY #1	F	67	UP,AC 11/05/03 Imm 88
PATIENT,ALISHA JEAN	996693	COMMUNITY #1	F	68	UP,AC,AD
PATIENT,ESTHER	983977	COMMUNITY #1	F	68	UP,AC 11/20/03 Imm 88
PATIENT,MALVA	950793	COMMUNITY #1	F	69	UP,AC 11/24/03 Imm 88

Figure 10-9: Formatted Patient List in Excel

- Highlight all of the rows containing patient names and information (Figure 10-10).

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT,HENRIETTA	953969	COMMUNITY #1	F	49	AD 12/15/03 Imm 88
PATIENT,MARCEIL	950599	COMMUNITY #1	F	50	UP,AC
PATIENT,HELENE	960809	COMMUNITY #1	F	50	UP
PATIENT,NICOLE PATRICE	953695	COMMUNITY #1	F	52	UP 11/20/03 Imm 88
PATIENT,LOUISE	996350	COMMUNITY #1	F	53	UP,AC 11/24/03 Imm 88
PATIENT,AMANDA	999039	COMMUNITY #1	F	55	UP,AC
PATIENT,ANGELITA	969999	COMMUNITY #1	F	55	UP
PATIENT,DEIRDRE LYNN	950879	COMMUNITY #1	F	56	UP,AC 10/07/03 Imm 88
PATIENT,BETTY	985999	COMMUNITY #1	F	58	UP,AC 11/24/03 Imm 88
PATIENT,GERALYN	999990	COMMUNITY #1	F	62	UP 11/20/03 Imm 88
PATIENT,MARILYN	996769	COMMUNITY #1	F	63	UP,AC 12/20/03 Imm 88
PATIENT,ANTIONITA	995858	COMMUNITY #1	F	66	UP,AC 10/21/03 Imm 88
PATIENT,PAMELA ANN	950399	COMMUNITY #1	F	67	UP,AC 11/05/03 Imm 88
PATIENT,ALISHA JEAN	996693	COMMUNITY #1	F	68	UP,AC,AD
PATIENT,ESTHER	983977	COMMUNITY #1	F	68	UP,AC 11/20/03 Imm 88
PATIENT,MALVA	950793	COMMUNITY #1	F	69	UP,AC 11/24/03 Imm 88
PATIENT,SYLVIA	959036	COMMUNITY #1	F	72	UP,AC,AD 11/18/03 Imm 88
PATIENT,ELOUISE	998906	COMMUNITY #1	F	73	UP
PATIENT,JESSICA B	959998	COMMUNITY #1	F	76	UP,AC,AD 10/22/03 Imm 88
PATIENT,DARLENE A	998097	COMMUNITY #1	F	77	UP,AC,AD
PATIENT,ROCHELLE	950997	COMMUNITY #1	F	79	UP,AC,AD 10/27/03 Imm 88
PATIENT,BETH	989993	COMMUNITY #1	F	80	UP,AC,AD 11/20/03 Imm 88
PATIENT,TERRY	999709	COMMUNITY #1	M	29	AD
PATIENT,CLIFTON RAY	969959	COMMUNITY #1	M	30	AD 10/07/03 Imm 88
PATIENT,CECIL	959965	COMMUNITY #1	M	47	AD 12/02/03 Imm 88

Figure 10-10: Highlight Rows

4. Select Data/Sort from the Menu options. The Sort dialog box will display on the screen.
5. Select the columns that you want to sort by. The example displayed here will sort the list by the data (last) column, to produce a list that will display patients with no immunizations, organized by denominator type, community and age.

If you have formatted your spreadsheet as text, the Sort Warning dialog box will display. Select the first option.

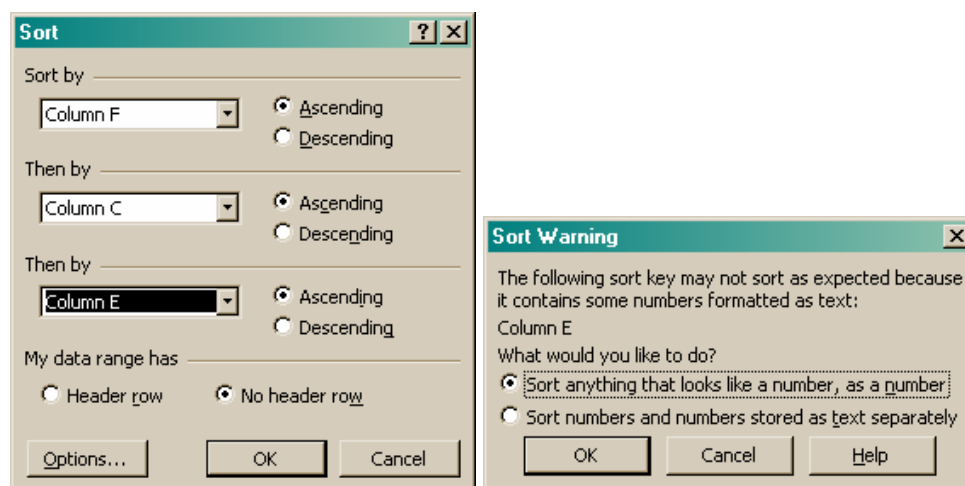


Figure 10-11: Sort Dialog boxes.

6. The spreadsheet now displays the list of patients organized by denominator type (Active Diabetic, User Population, Active Clinical or multiple denominators). Within each denominator type, you can easily see the patients with no influenza immunization documented.

	A	B	C	D	E	F	G	H	I	J	K
	PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE					
128	PATIENT,TERRY	999709	COMMUNITY #1	M	29	AD					
129	PATIENT,BRANDON LEE	997969	COMMUNITY #3	M	45	AD					
130	PATIENT,DAVID	958759	COMMUNITY #2	M	33	AD 01/23/04 V04.81					
131	PATIENT,CLIFTON RAY	969959	COMMUNITY #1	M	30	AD 10/07/03 Imm 88					
132	PATIENT,CECIL	959965	COMMUNITY #1	M	47	AD 12/02/03 Imm 88					
133	PATIENT,HENRIETTA	953969	COMMUNITY #1	F	49	AD 12/15/03 Imm 88					
134	PATIENT,HELENE	960809	COMMUNITY #1	F	50	UP					
135	PATIENT,EDDIE H	909767	COMMUNITY #1	M	51	UP					
136	PATIENT,ANGELITA	969999	COMMUNITY #1	F	55	UP					
137	PATIENT,DERRICK JOHN	956759	COMMUNITY #1	M	60	UP					
138	PATIENT,LOUISE	998906	COMMUNITY #1	F	73	UP					
139	PATIENT,MARK	950997	COMMUNITY #1	M	73	UP					
140	PATIENT,GAYLE	997500	COMMUNITY #2	F	51	UP					
141	PATIENT,NEAL KEN	993306	COMMUNITY #2	M	57	UP					
142	PATIENT,LEONA KATENAY	968999	COMMUNITY #3	M	56	UP					
143	PATIENT,DERRICK STEVEN	956765	COMMUNITY #3	M	64	UP					
144	PATIENT,FRANCES L	907790	COMMUNITY #3	F	71	UP					
145	PATIENT,DANISHA RAE	989999	COMMUNITY #3	F	66	UP 10/23/03 Imm 88					
146	PATIENT,LAVERNE	950669	COMMUNITY #3	F	54	UP 11/05/03 Imm 88					
147	PATIENT,NICOLE PATRICE	953695	COMMUNITY #1	F	52	UP 11/20/03 Imm 88					
148	PATIENT,GERALYN	999990	COMMUNITY #1	F	62	UP 11/20/03 Imm 88					
149	PATIENT,GEORGE	998095	COMMUNITY #1	M	71	UP 11/20/03 Imm 88					
150	PATIENT,SHAE NAVAL	958939	COMMUNITY #2	M	64	UP 11/20/03 Imm 88					
151	PATIENT,RONNIE	958099	COMMUNITY #2	M	61	UP 12/19/03 Imm 88					
152	PATIENT,MARCEIL	950599	COMMUNITY #1	F	50	UP,AC					
153	PATIENT,KIRK	959590	COMMUNITY #1	M	50	UP,AC					
154	PATIENT,LEROY	997338	COMMUNITY #1	M	52	UP,AC					
155	PATIENT,AMANDA	999039	COMMUNITY #1	F	55	UP,AC					
156	PATIENT,JUSTIN	999979	COMMUNITY #1	M	59	UP,AC					
157	PATIENT,OLIVER	953690	COMMUNITY #1	M	61	UP,AC					
158	PATIENT,ANTHONY	959779	COMMUNITY #1	M	68	UP,AC					
159	PATIENT,BAHE	997799	COMMUNITY #1	M	78	UP,AC					
160	PATIENT,JOHANSON	959907	COMMUNITY #2	M	51	UP,AC					

Figure 10-12: Resorted Patient List, Showing Patients with No Influenza Vaccination Documented

11.0 Appendix C: Creating a Patient Panel

The following demonstrates an example of using QMan to create a list, or panel, of patients. Patient panels can be defined by users and used as the population for clinical performance reporting with the PP Selected Measures with Patient Panel Population report (see Section 6.1.5 for detailed description). Patient panels must be created as FileMan search templates.

The example below shows how to create a list of all female patients seen in the past year by a specific provider designated as the primary provider for a visit.

```

***** Q-MAN OPTIONS *****

Select one of the following:

1          SEARCH PCC Database (dialogue interface)
2          FAST Facts (natural language interface)
3          RUN Search Logic
4          VIEW/DELETE Taxonomies and Search Templates
5          FILEMAN Print
9          HELP
0          EXIT

Your choice: SEARCH// PCC Database (dialogue interface)

***** SEARCH CRITERIA *****

What is the subject of your search? LIVING PATIENTS // LIVING PATIENTS

Subject of search: PATIENTS
ALIVE TODAY [SER = .04]

Attribute of LIVING PATIENTS: SEX
CHOOSE FROM:
M          MALE
F          FEMALE
Value: F FEMALE
Computing Search Efficiency Rating.....

Subject of search: PATIENTS
ALIVE TODAY [SER = .04]
SEX: FEMALE [SER = .66]

Attribute of LIVING PATIENTS: VISIT

SUBQUERY: Analysis of multiple VISITS

First condition of "VISIT": BETWEEN,DATES (inclusive)
Exact starting date: T-365 (APR 22, 2003)
Exact ending date: T (APR 21, 2004)

Next condition of "VISIT": PROVIDER
***** PROVIDER-RELATED CRITERIA *****

You can either specify one or more providers by NAME, or.....
You can specify one or more PROVIDER ATTRIBUTES (affiliation, specialty, etc)
to be used as selection criteria.

```

```
Select one of the following:

1      NAME(S) of providers
2      ATTRIBUTE(S) of providers

Your choice: NAME(S)//  of providers

Enter PROVIDER: USER,LORI
Enter ANOTHER PROVIDER:

The following have been selected =>

    BUTCHER,LORI A
When I check the providers from each encounter, you can limit my analysis
to the PRIMARY provider only, SECONDARY providers, or ALL providers.

Select one of the following:

1      PRIMARY provider only
2      SECONDARY providers only
3      ALL providers

Your choice: ALL// 1 PRIMARY provider only

Subject of subquery: VISIT
BETWEEN BETWEEN APR 22,2003 and APR 21,2004@23:59:59
PRIMARY PROVIDERS (ADAM)

Next condition of "VISIT": [ENT]
Computing Search Efficiency Rating....

Subject of search: PATIENTS
ALIVE TODAY [SER = .04]
SEX: FEMALE [SER = .66]
Subject of subquery: VISIT
BETWEEN BETWEEN APR 22,2003 and APR 21,2004@23:59:59
PRIMARY PROVIDERS (BUTCHER)

Attribute of LIVING PATIENTS: [ENT]

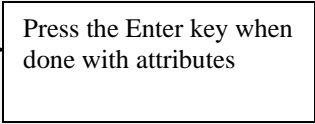
***** Q-MAN OUTPUT OPTIONS *****

Select one of the following:

1      DISPLAY results on the screen
2      PRINT results on paper
3      COUNT 'hits'
4      STORE results of a search in a FM search template
5      SAVE search logic for future use
6      R-MAN special report generator
9      HELP
0      EXIT

Your choice: DISPLAY// 4 STORE results of a search in a FM search template

Fileman users please note =>
This template will be attached to IHS' PATIENT file (#9000001)
```



Press the Enter key when done with attributes

Enter the name of the SEARCH TEMPLATE: **LAB SEEN BY LORI IN PAST YR**

Are you adding 'LAB SEEN BY LORI IN PAST YR' as
a new SORT TEMPLATE? No// **Y** (Yes)

DESCRIPTION:

No existing text

Edit? NO//

name your template,
using your initials as
the first 3 characters

Want to run this task in background? No// (No)

...SORRY, JUST A MOMENT PLEASE...

PATIENTS	SANTA	SEX	VISIT
(Alive)	NUMBER		

LASTNAME,AMY LY*	123456	FEMALE	+
ROBERTSON,EMILY*	234567	FEMALE	+
BROWN,GRETA*	345678	FEMALE	+
MOUSE,MINNIE	456789	FEMALE	+
UPDOWN,FIRST	654321	FEMALE	+

Search template completed...

This query generates 5 "hits"

Time required to create search template: 10 SECONDS

Figure 11-1: Creating a list of all female patients

12.0 Appendix D: AI/AN Clinical Information on Measures

12.1 Childhood Immunizations

In recent years, vaccination coverage has increased significantly among young children. In the 1990s, government and private sector initiatives helped to remove barriers to routine childhood vaccinations. Childhood deaths from diseases preventable through routine immunization are now very unusual.⁵

Among all US children aged 19-35 months, vaccine coverage in 2003 reached an all-time high. National coverage levels are now over 90 percent for each vaccine recommended through age 35 months, except the Varicella and Pneumococcal vaccines, and the fourth dose of DTaP.⁶ The Healthy People 2010 goal is 90% coverage for all routine immunizations for children aged 19-35 months.⁷ Routine immunizations represent a cost-effective public health measure that significantly improves the health of children.⁸

Yet much work remains to be done. Poorer children are still less likely to have received full vaccination than their wealthier counterparts.⁹ In 2003, 83.3% of children aged 19-35 months from households with incomes at or above the poverty line received the 4:3:1:3 series of recommended immunizations, compared with 76.2 percent of children living below the poverty line.¹⁰ One study found, however, that poor children with regular access to a primary care provider achieved vaccination rates similar to wealthier children.¹¹

The National Immunization Survey collects information on children 19-35 months. NIS statistics show that AI/AN children have vaccination rates that are below the national averages.¹²

A full series (4:3:1:3:3) of vaccines for ages 19-35 months includes:

⁵ Rodewald LE, Santoli JM. The challenge of vaccinating vulnerable children. *The Journal of Pediatrics*; 2001 Nov;139(5):613-5

⁶ National, State, and Urban Area Vaccination Coverage Among Children Aged 19-35 Months—United States, 2003. *MMWR: Morbidity and Mortality Weekly Report* 2004;July 30;53(29):658-661. National rates for vaccination not reaching 90% are: Varicella: 84.8%, Pneumococcal (3 doses): 68.1%, (4 doses): 36.7%, and 4th DTaP: 84.8%.

⁷ Healthy People 2010

⁸ For example, see: Lieu TA, Cochi SL, Black SB, Halloran ME, Shinefield HR, Holmes SJ, Wharton M, Washington AE. Cost-effectiveness of a routine varicella vaccination program for US children. *Journal of the American Medical Association*; 1994 Feb 2;271(5):375-81.

⁹ Healthy People 2010

¹⁰ National Immunization Survey 2003 tables. <http://www.cdc.gov/nip/coverage/NIS/03/toc-03.htm> The 4:3:1:3 series includes four or more doses of diphtheria, tetanus, and pertussis vaccine (DTaP), three or more doses of poliovirus vaccine (IPV), one or more doses of measles-containing vaccine such as MMR, and three or more doses of Hib vaccine.

¹¹ Vivier PM, Alario AJ, Peter G, Leddy T, Simon P, Mor V. An analysis of the immunization status of preschool children enrolled in a statewide Medicaid managed care program. *Journal of Pediatrics* 2001;139:630-5.

¹² National Immunization Survey 2003 tables.

http://www2a.cdc.gov/nip/coverage/nis/nis_iap.asp?fmt=v&rpt=tab30_race_nat&qtr=Q1/2003-Q4/2003

- 4 or more doses of DTaP (diphtheria, tetanus, and pertussis vaccine)
- 3 or more doses of IPV (poliovirus vaccine)
- 1 or more doses of MCV (measles-containing vaccine such as the MMR)
- 3 or more doses of the Hib vaccine (*Haemophilus influenzae* type b)
- 3 or more doses of HepB (hepatitis B vaccine)

12.2 Mammography Screening

Breast cancer is the second most commonly diagnosed cancer among American women, after skin cancer. Breast cancer is also the second leading cause of cancer death among U.S. women, after lung cancer. An estimated 40,580 women died from breast cancer in 2004.¹³ The American Cancer Society estimates that in 2005, 211,240 women will be diagnosed with breast cancer, and 40,410 will lose their lives to the disease.¹⁴

Although the incidence of breast cancer among AI/AN women has been reported to be lower than that for other racial and ethnic groups, breast cancer is still the second leading cause of cancer death among AI/AN women.¹⁵ Lack of physical activity, alcohol consumption, and obesity, health risks often found in the AI/AN community, have been linked to increased risk of breast cancer.¹⁶

Numerous trials and evaluations have shown that early detection of breast cancer through mammography increases the number of treatment options, improves the chance of successful treatment, and raises survival rates. Mammography is a low-dose x-ray procedure that allows visualization of the internal structure of the breast. Mammography detects an average of 90% of breast cancers in women without symptoms.¹⁷ Through mammography, breast cancer can be detected at its earliest, most treatable stage, an average of 1–4 years before a woman can feel a lump. Mammography also locates cancers too small to be felt during a clinical breast examination.¹⁸

Regular mammography screening has been shown to reduce overall breast cancer mortality. One major review study found an average 24% percent mortality reduction associated with regular screening.¹⁹ In 2002, the US Preventative Services Task Force concluded there was fair evidence

¹³ American Cancer Society, *Cancer Facts and Figures*, 2004

http://www.cancer.org/downloads/STT/CAFF_finalPWSecured.pdf

¹⁴ American Cancer Society, *Cancer Facts and Figures*, 2005

<http://www.cancer.org/downloads/STT/CAFF2005f4PWSecured.pdf>

¹⁵ MMWR Cancer mortality among American Indians and Alaska natives—United states, 1994-1998. 8/1/2003 53 (30);704-707. The mortality rate for breast cancer among AI/AN women is 17.0 per 100,000, compared to 29.4 for all races.

¹⁶ American Cancer Society, *Breast Cancer Facts and Figures 2001-2002*

<http://www.cancer.org/downloads/STT/BrCaFF2001.pdf>

¹⁷ American Cancer Society, *Breast Cancer Facts and Figures*, 2003-2004

<http://www.cancer.org/downloads/STT/CAFF2003BrFPWSecured.pdf>

¹⁸ The National Breast and Cervical Cancer Early Detection Program: Saving Lives Through Screening 2004/2005 Fact Sheet <http://www.cdc.gov/cancer/nbccedp/about2004.htm>

¹⁹ Smith et al, American Cancer Society guidelines for breast cancer screening: update 2003. *Cancer: A Journal for Clinicians*. 2003 May-Jun;53(3):141-69. <http://caonline.amcancersoc.org/cgi/reprint/53/3/141.pdf>

that mammography screening every 1-2 years could reduce breast cancer mortality by approximately 20 percent to 25 percent over 10 years.²⁰ According to the CDC, regular mammography screening of women ages 40 and over could reduce breast cancer mortality by approximately 16 percent overall.²¹ One Swedish study found a mortality reduction of 30% for women ages 40-74, and 34% for women ages 50-74 through regular mammography screening.²²

Thanks to more widespread use of mammography, since the late 1980s, breast cancer mortality has declined among women of all races. Between 1990 and 2000, the death rate declined 2.3% annually. The biggest improvement in the mortality rate was among younger women; among women under 50, the death rate declined by 3.7% from 1991 to 2000; among women over 50, the rate declined by 2.0 between 1990 and 2000. These decreases are thought to be the result of increased awareness, earlier detection through screening, and improved treatment.²³

The CDC recommends that women between the ages of 50 and 74 receive a mammogram every 1-2 years. Because seventy-five percent of all diagnosed cases of breast cancer are among women aged 50 years or older, biennial screening of women between the ages of 50 and 69 has been shown to be a particularly cost-effective way to decrease the breast cancer mortality rate.²⁴ The US Preventative Services Task Force recommends screening mammography every 1-2 years for women aged 40 and older. The USPSTF “found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer.” The USPSTF also found that “evidence is strongest for women aged 50-69.”²⁵

According to the Behavioral Risk Factor Surveillance System (BRFFS), in the year 2000, 62.2% of all women age 40 and over had had a mammogram. Women with less than a high school education, without health insurance, or members of an ethnic minority were less likely to have had a recent mammogram.²⁶

²⁰ U.S. Preventive Services Task Force. *Screening for Breast Cancer: Recommendations and Rationale*. February 2002. Agency for Healthcare Research and Quality, Rockville, MD.

<http://www.ahrq.gov/clinic/3rduspstf/breastcancer/brcanrr.htm>

²¹ The National Breast and Cervical Cancer Early Detection Program: Saving Lives Through Screening 2004/2005 Fact Sheet <http://www.cdc.gov/cancer/nbccedp/about2004.htm>

²² Tabar L, Fagerberg G, Chen HH, Duffy SW, Smart CR, Gad A, Smith RA Efficacy of breast cancer screening by age. New results from the Swedish Two-County Trial. *Cancer*. 1995 May 15;75(10):2507-17.

²³ American Cancer Society, *Breast Cancer Facts and Figures, 2003-2004*

<http://www.cancer.org/downloads/STT/CAFF2003BrFPWSecured.pdf>

The most significant improvement in the mortality rate came in the late 1990s. Between 1989 and 1995, there was a 1.6% annual reduction in breast cancer mortality. However, there was a 3.4% annual reduction from 1995 and 1998. The biggest mortality decline occurred among women under 50, with an average decline of 3.1% per year from 1990-1998 (2.1% for over 50). See American Cancer Society, *Breast Cancer Facts and Figures 2001-2002*

²⁴ The National Breast and Cervical Cancer Early Detection Program: Saving Lives Through Screening 2004/2005 Fact Sheet <http://www.cdc.gov/cancer/nbccedp/about2004.htm>

American Cancer Society, *Breast Cancer Facts and Figures 2001-2002*; Cost Effectiveness of Extending Screening Mammography Guidelines to Include Women 40-49 Years of Age *Annals of Internal Medicine* 1997; 127:955-965.

²⁵ U.S. Preventive Services Task Force. *Screening for Breast Cancer: Recommendations and Rationale*. February 2002. Agency for Healthcare Research and Quality, Rockville, MD.

<http://www.ahrq.gov/clinic/3rduspstf/breastcancer/brcanrr.htm>

²⁶ American Cancer Society, *Breast Cancer Facts and Figures, 2003-2004*

<http://www.cancer.org/downloads/STT/CAFF2003BrFPWSecured.pdf>

According to the CDC, in the year 2000, 70.3% of all women over age 40 reported that they had received mammograms within the past two years, including 78.6% of women aged 50-64 and 68% of women aged 65 and older. However, reported rates of mammography were much lower among poorer women. While 72.2% of “near poor or non poor” women aged 40 and over reported having a mammogram within the past two years, only 55.2% of poor women aged 40 and over did. Deaths from breast cancer occur disproportionately among women who are uninsured or underinsured, and therefore do not receive regular mammograms.²⁷

American Indian and Alaska Native women report significantly lower rates of mammograms than other races. While 71.4% of white women 40 and over reported having a mammogram within the past two years, only 47.3% of AI/AN women 40 and over did.²⁸ Another survey found that 54% percent of American Indian and Alaska Native women aged 50 years and older had not had a mammogram in the past 24 months.²⁹

Low screening rates often result in poorer outcomes for AI/AN women diagnosed with breast cancer. While the incidence of breast cancer among AI/AN women is lower than other groups, AI/AN women diagnosed with breast cancer have lower five-year survival rates in comparison to U.S. whites, mainly because their cancers are less likely to be found in earlier stages.³⁰ As a result, the breast cancer *mortality* rate among AI/AN women is higher, relative to the *incidence* rate, when compared to other ethnic groups.³¹

Although there has been overall improvement in breast cancer mortality rates since 1990, AI/AN women have not shared these gains. From 1992 to 2000, death rates from breast cancer declined by 2.6% for whites, 1.4% for Hispanics, and 1.1% for African Americans and Asian Americans, but did not change for American Indians and Alaska Natives.³²

Regular screenings can be difficult for American Indian and Alaska Native women who live far from health clinics or who are too poor to have routine access to health care. However, the death rate from breast cancer could be reduced by more than 30% in American Indian women if

²⁷ CDC National Center for Health Statistics “Use of Mammography for women 40 years of age and over according to selected characteristics; United States, selected years, 1987-2000.”

<http://www.cdc.gov/nchs/data/hus/tables/2003/03hus080.pdf>

²⁸ CDC National Center for Health Statistics “Use of Mammography for women 40 years of age and over according to selected characteristics; United States, selected years, 1987-2000.”

<http://www.cdc.gov/nchs/data/hus/tables/2003/03hus080.pdf> Note: some women mistake other procedures such as a chest x-ray for a mammogram. Therefore the actual mammogram screening rate is often lower than the self-reported rate.

²⁹ Dept. of Health and Human Services. The Health of American Indian & Alaska Native Women. Information Sheet. Washington, DC: June 1999.

³⁰ Frost F, Tollestrup K, Hunt WC, Gilliland F, Key CR, Urbina CE. Breast cancer survival among New Mexico Hispanic, American Indian, and non-Hispanic white women (1973-1992). *Cancer Epidemiology Biomarkers and Prevention* 1996 Nov; 5(11):861-6.

³¹ The incidence of breast cancer among AI/ANs is 54.2 per 100,000 vs. 141.7 for whites, 96.8 for Asians, and 89.6 for Hispanics/Latinas. The breast cancer mortality rate for AI/AN women is 13.6, versus 26.4 for whites, 12.6 for Asians, and 17.3 for Hispanics/Latinas. American Cancer Society, *Cancer Facts and Figures*, 2005

<http://www.cancer.org/downloads/STT/CAFF2005f4PWSecured.pdf>

³² American Cancer Society, *Breast Cancer Facts and Figures*, 2003-2004

<http://www.cancer.org/downloads/STT/CAFF2003BrFPWSecured.pdf>

current recommendations for biennial screening were followed. Increased screening will result in earlier diagnosis and improved survival for Indian women.³³

12.3 Colorectal Cancer Screening

Colorectal cancers are the third most common cancers in the United States, and are the third leading cause of cancer death. An estimated 145,290 new cases of colorectal cancer and 56,290 colorectal cancer-related deaths are projected to occur in 2005 in the US.³⁴

Colorectal cancer rates among the Alaska Native population are well above the national average. Studies have tracked rates of 69.3 to 79.7 per 100,000 among Alaska Native men, and 67.4 to 71.4 per 100,000 among Alaska Native women.³⁵ ³⁶ Alaska Native women, in particular, have colorectal cancer rates of more than twice the US average. Among all Alaska Natives, mortality from colorectal cancer is also much higher than the US average.³⁷

Although colorectal cancer rates among American Indians are low compared to the overall US average, there is strong evidence that the number of colorectal cancer cases has been rising in recent years. Since the 1980s, the incidence of colon and rectum cancers among American Indian men in New Mexico has more than tripled.³⁸

Moreover, while overall combined AI/AN colorectal cancer incidence and mortality rates are lower than the all races rate, AI/AN mortality rates are proportionally higher when compared to incidence rates. Among AI/AN men, for example, the overall colorectal cancer incidence rate is 38.3 per 100,000, compared to 63.4 per 100,000 for men of all races. However, the mortality rate among AI/AN men is 17.1 versus 25.3 for men of all races. Therefore, while AI/ANs have an *incidence* rate that is 60% of the all races average, their *mortality* rate is 68% of the all races average. By comparison, Asian American/Pacific Islander men have a colorectal cancer incidence rate of 56.3 (88% of the all races rate), but have a mortality rate of just 15.8 (62% of the all races rate).³⁹

³³ Risendal B, Roe D, DeZapien J, Papenfuss M, Giuliano A. Influence of health care, cost, and culture on breast cancer screening: issues facing urban American Indian women. *Preventative Medicine* 1999 Dec;29(6 Pt 1):501-9.

³⁴ American Cancer Society, *Colorectal Cancer Facts and Figures, 2005* Colorectal cancers are the second leading cause of cancer death among men, after lung cancer, and third leading cause of cancer death among women, after lung and breast cancer.

³⁵ Brown MO, Lanier AP, and Becker TM, Colorectal cancer incidence and survival among Alaska Natives, 1969-1993, *International Journal of Epidemiology* 1998 Jun; 27 (3); 388-396.

³⁶ Miller BA, Kolonel LN, Bernstein L, Young, Jr. JL, Swanson GM, West D, Key CR, Liff JM, Glover CS, Alexander GA, et. al. (eds). *Racial/Ethnic Patterns of Cancer in the United States, 1988-1992*, National Cancer Institute. NIH Pub. No. 96-4103. (SEER Program) Bethesda, MD , 1996.

³⁷ Miller BA, Kolonel LN, Bernstein L, Young, Jr. JL, Swanson GM, West D, Key CR, Liff JM, Glover CS, Alexander GA, et. al. (eds). *Racial/Ethnic Patterns of Cancer in the United States, 1988-1992*, National Cancer Institute. NIH Pub. No. 96-4103. (SEER Program) Bethesda, MD , 1996.

³⁸ Athas, W. Colon and Rectum Cancer. *Cancer in New Mexico: Changing Patterns and Emerging Trends, 1970-1996*. New Mexico Tumor Registry, New Mexico Department of Health, 1997. Retrieved on 9/1/2004 from hsc.unm.edu/epicpro/cancerstats.html

³⁹ American Cancer Society, *Colorectal Cancer Facts and Figures, 2005*

American Indians and Alaska Natives are less likely to be diagnosed with colorectal cancer at the earliest, localized stage, and more likely to be diagnosed at the “distant” stage, compared to whites and Asian Americans. Between 1992 and 2000, over 23% of the colorectal cancers found in AI/ANs were at the distant stage, compared to 19% of those in non-Hispanic whites. Patients diagnosed at the local stage have a five-year relative survival rate of about 90%, those diagnosed at the regional stage have a 67% five-year relative survival rate, and those diagnosed at the distant stage have a 10% five-year relative survival rate. Overall, AI/ANs have a “lower probability of survival and a higher risk of death once diagnosed with colorectal cancer, compared with non-Hispanic whites.”⁴⁰

Studies have demonstrated that lifestyle, dietary, and environmental factors play a large role in increasing the risk for colon and rectum cancers. Low levels of exercise, high-fat, low-fiber diets, and low consumption of fruits and vegetables, are all associated with an increased risk of colon and rectum cancers. Surveys of the Alaska Native diet have reported several risk factors, including very low intake of fruit and vegetables, low levels of dietary fiber, and high intake of refined carbohydrates and sugars.⁴¹ Other risk factors for colorectal cancers include a family history of the disease, a history of inflammatory bowel disease, high alcohol use (rectum cancers) and tobacco use.⁴²

Overall, 91% of new cases and 94% of deaths from colorectal cancers occur in people over age 50. The incidence rate of colorectal cancer is more than 50 times higher in people aged 60-79 than in people under age 40.⁴³ The CDC recommends that men and women begin regular colorectal cancer screening when they reach age 50. Screening should include one or a combination of four recommended screening tests: fecal occult blood test, sigmoidoscopy, colonoscopy, and/or barium enema. In 2001, only 53.1% of people aged 50 years and older received colorectal cancer testing within the recommended screening periods.⁴⁴

Screening and preventative measures such as removal of polyps have been well proven to reduce the rates and lethality of colorectal cancer. Colorectal cancer mortality rates declined between the mid 1970s and mid 1990s for most groups, and most experts attribute this to the increased use of screening and earlier diagnoses of colorectal cancer. Colorectal cancers have long asymptomatic periods during which they can be diagnosed and treated. Yearly screening has been shown to result in a 33.4 percent reduction in colorectal cancer mortality.⁴⁵

⁴⁰ American Cancer Society, *Colorectal Cancer Facts and Figures*, 2005

⁴¹ Miller BA, Kolonel LN, Bernstein L, Young, Jr. JL, Swanson GM, West D, Key CR, Liff JM, Glover CS, Alexander GA, et. al. (eds). *Racial/Ethnic Patterns of Cancer in the United States, 1988-1992*, National Cancer Institute. NIH Pub. No. 96-4103. (SEER Program) Bethesda, MD , 1996.

⁴² Athas, W. Colon and Rectum Cancer. *Cancer in New Mexico: Changing Patterns and Emerging Trends, 1970-1996*. New Mexico Tumor Registry, New Mexico Department of Health, 1997. Retrieved on 9/1/2004 from hsc.unm.edu/epicpro/cancerstats.html

⁴³ American Cancer Society, *Colorectal Cancer Facts and Figures*, 2005

⁴⁴ CDC Study Finds Colorectal Cancer Screening Rates Remain Low. CDC Press Release, March 13, 2003 <http://www.cdc.gov/od/oc/media/pressrel/r030313.htm>

⁴⁵ Ederer TR, Church F, Mandel JS. Fecal occult blood screening in the Minnesota study: sensitivity of the screening test. *Journal of the National Cancer Institute*. 1997 Oct 1;89(19):1440-8.

12.4 Tobacco Use and Exposure Assessment

It is well documented that smoking cigarettes causes chronic lung and heart disease, and cancers of the lung, esophagus, larynx, mouth, and bladder. Cigarette smoking also contributes to cancers of the pancreas, kidney, and cervix.⁴⁶ Smokeless tobacco can lead to cancers of the gum and mouth, and contributes to periodontitis, and tooth loss.⁴⁷ Tobacco use causes more than 440,000 deaths every year among adults in the United States and costs \$157 billion in annual health-related economic losses.⁴⁸

Studies have also demonstrated that women who use tobacco during pregnancy are more likely to have spontaneous miscarriages. Smoking during pregnancy has also been linked to Sudden Infant Death Syndrome (SIDS) and low birth weight. Low birth weight is a leading cause of death among infants.⁴⁹

Nonsmokers are also adversely affected by environmental tobacco smoke. Each year, because of exposure to environmental tobacco smoke, an estimated 3,000 nonsmoking Americans die of lung cancer, and 300,000 children suffer from lower respiratory tract infections. Exposure to secondhand smoke is associated with an increased risk for SIDS, asthma, bronchitis, and pneumonia in young children.⁵⁰ If current tobacco use rates continue, an estimated 5 million to 6.4 million children alive today will die prematurely from a smoking-related disease.^{51 52}

More than 3 million people under age 18 smoke cigarettes and over half of them consider themselves addicted to cigarettes. About half of people who begin smoking under the age of 18 continue to use tobacco products as adults.⁵³

Lung cancer is the leading cause of cancer death among American Indians and Alaska Natives. The rate of death from cancers of the lung, trachea, and bronchus among American Indian and Alaska Native men is 33.5 per 100,000. Among AI/AN women, the rate is 18.4 per 100,000. Cardiovascular disease is the leading cause of death among American Indians and Alaska Natives, and tobacco use is an important risk factor for this disease.⁵⁴

⁴⁶ *The Health Benefits of Smoking Cessation. A Report of the Surgeon General.* HHS Pub. No. (CDC) 90-8416. Atlanta, GA: 1990.

⁴⁷ *The Health Consequences of Using Smokeless Tobacco. A Report of the Advisory Committee to the Surgeon General.* NIH Pub. No. 86-2874. Bethesda, MD: 1986.

⁴⁸ Annual Smoking-Attributable Mortality, Years of Potential Life lost, and economic costs—United States, 1995-1999. *MMWR: Morbidity and Mortality Weekly Report.* 2002 Apr 12;51(14):300-3.

⁴⁹ DiFranza, J.R., and Lew, R.A. Effect of maternal cigarette smoking on pregnancy complications and sudden infant death syndrome. *Journal of Family Practice* 1995;40(4):385-394.

⁵⁰ U.S. Environmental Protection Agency (EPA). *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders.* EPA Pub. No. EPA/600/6-90/006F. Washington, DC: EPA, 1992.

⁵¹ Smoking-attributable mortality and years of potential life lost--United States, 1984. *Morbidity & Mortality Weekly Report* 1997; May 23;46(20):444-51.

⁵² Projected smoking-related deaths among youth—United States. *MMWR: Morbidity and Mortality Weekly Report* 1996; Nov 8;45(44):971-4.

⁵³ CDC. *Preventing Tobacco Use Among Young People, A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, 1994.

⁵⁴ U.S. Department of Health and Human Services. *Tobacco Use Among U.S. Racial/Ethnic Minority Groups — African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A*

Data from the 1997 National Health Interview Survey show that 34.1% of American Indians and Alaska Natives reported that they smoked; this rate was higher than any other group. In 1997, 37.9% of American Indian and Alaska Native men smoked, compared with 27.4% of white men. The smoking rate among American Indian and Alaska Native women was 31.3% compared with 23.3% among white women.⁵⁵

American Indians and Alaska Natives have the highest rates of smokeless tobacco use among Americans. Among men, American Indians/Alaskan Natives and whites had the highest rates, and among women, American Indians/Alaskan Natives and blacks had the highest rates.⁵⁶ Among AI/AN men and women, the rate of use of chewing tobacco or snuff was 4.5%. Among American Indian men, the highest rates of smokeless tobacco use are found in the northern plains (24.6%), and the lowest in the Pacific Northwest (1.8%). Pipe and cigar smoking is also more common among AI/AN men than in other populations.⁵⁷

American Indian women have the highest rate of smoking during pregnancy (19.9%) of all race and ethnic groups. American Indian women also reported the smallest decline (11%) in maternal smoking rates between 1990 and 2001. By contrast, in the same period, maternal smoking rates declined over 26% among non-Hispanic whites, 43% among non-Hispanic blacks, and 49% among Asians.⁵⁸

Tobacco users who quit enjoy longer and healthier lives, on average, than those who do not. Even a long-time smoker can significantly reduce their risk of heart disease and other complications by quitting. Advice from a health care provider and group and individual cessation counseling can help smokers quit. Smoking cessation treatments, including nicotine replacement therapy and bupropion SR (e.g. Wellbutrin) have been found to be safe and effective.⁵⁹ Documenting tobacco use on a patient's medical record and offering cessation assistance are important components of comprehensive health care. Moreover, tobacco cessation programs are more cost-effective than other common prevention interventions. Cost analyses have shown tobacco cessation programs to be either cost-saving or cost-neutral.⁶⁰

Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998.

⁵⁵ Cigarette smoking among adults—United States, 1997. *MMWR: Morbidity and Mortality Weekly Report*. 1999 Nov 5;48(43):993-6.

⁵⁶ Use of Smokeless Tobacco Among Adults -- United States, 1991 *MMWR: Morbidity and Mortality Weekly Report*. 1993 Apr 16;42(14):263-6.

⁵⁷ *Tobacco Use Among U.S. Racial/Ethnic Minority Groups —African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General.* Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998.

⁵⁸ American Lung Association. *Trends in Tobacco Use* American Lung Association Epidemiology and Statistics Unit, Research and Scientific Affairs. June 2003.

⁵⁹ Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence: Clinical Practice Guideline.* Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; 2000.

⁶⁰ Warner KE, Smith RJ, Smith DG, Fries BE. Health and economic implications of a work-site smoking-cessation program: a simulation analysis. *Journal of Occupational and Environmental Medicine* 1996;38(10):981-92. Harris JR, Schauffler HH, Milstein A, Powers P, Hopkins DP. Expanding health insurance coverage for smoking cessation treatments: experience of the Pacific Business Group on Health.

12.5 Alcohol Screening (FAS Prevention)

Heavy drinking during pregnancy can cause significant birth defects, including Fetal Alcohol Syndrome (FAS). Children with FAS have abnormal facial features, growth retardation, and central nervous system problems. They may exhibit learning disabilities, social and behavioral problems, memory and attention span difficulties, and vision and hearing deficiencies. FAS is a permanent condition and is the leading known cause of mental retardation. FAS can be prevented completely, if a woman does not drink alcohol while she is pregnant.⁶¹

While FAS is the most devastating result of heavy alcohol use during pregnancy, there are other prenatal alcohol-related conditions, including Alcohol-Related Neurodevelopmental Disorder (ARND) and Alcohol-Related Birth Defects (ARBD) that can result from alcohol consumption. ARND manifests itself as central nervous system developmental abnormalities and/ or behavioral or cognitive abnormalities. ARBD defects include those of the heart, kidneys, and vision and hearing defects. These conditions are believed to occur approximately three times as often as FAS.⁶²

Rates of FAS are higher among American Indians and Alaska Natives than the general population. FAS cases have been reported at a rate of 9.8 per 1000 live births among southwestern Plains Indians living on reservations.⁶³ Another study found an AI/AN FAS rate of 5.6 per 1000 in Alaska, and 2.5 per 1000 in Arizona, well above that of any other race or ethnicity in those states.⁶⁴ The prevalence of FAS in the general US population ranges from 0.5 to 2 cases per 1000 live births.⁶⁵

Studies have found alcohol consumption rates among AI/AN women of childbearing age to be higher than average. One study of alcohol consumption in Alaska found that the prevalence of heavy drinking among AI/AN women was 32%, compared to 15% of non-AI/AN women. AI/AN women were also found to have less knowledge of the harmful effects of alcohol on developing fetuses than non-AI/AN women.⁶⁶

A study of Northern Plains Indians also identified alcohol consumption during early pregnancy as an increased risk factor for Sudden Infant Death Syndrome (SIDS). The study found a six-fold increased risk of SIDS among mothers who had used any alcohol in the first trimester, and an eight-fold increased risk among mothers who had engaged in binge drinking (five or more drinks

⁶¹ CDC. Fetal Alcohol Information web page. Information retrieved on 8/24/2004 at www.cdc.gov/ncbddd/fas/fasask.htm

⁶² Hankin, JR. Fetal Alcohol Syndrome Prevention Research. *Alcohol research & health : the journal of the National Institute on Alcohol Abuse and Alcoholism*. 2002;26(1):58-65

⁶³ May PA, Hymbaugh KJ, Aase JM, Samet JM Epidemiology of fetal alcohol syndrome among American Indians of the Southwest. *Social Biology*. 1983 Winter;30(4):374-87.

⁶⁴ Fetal alcohol syndrome: Alaska, Arizona, Colorado, and New York, 1995-1997: *MMWR. Morbidity and Mortality Weekly Report*. 2002 May 24;51(20) 433-5.

⁶⁵ May PA, and Gossage JP. Estimating the prevalence of Fetal Alcohol Syndrome: A Summary. *Alcohol Research & Health*. 2001;25(3):159-67.

⁶⁶ Prevalence and characteristics of alcohol consumption and fetal alcohol syndrome awareness--Alaska, 1991 and 1993. *MMWR. Morbidity and Mortality Weekly Report*. 1994 Jan 14;43(1):3-6.

at a time) in the first trimester. The rate of SIDS among American Indians is consistently above the US national average (1.5 per 1000 compared to 0.7 per 1000 for whites in 1999.)⁶⁷

The CDC recommends prevention efforts be targeted at both pregnant women who are currently drinking, but also women who could become pregnant, are drinking at high-risk levels, and are engaging in unprotected sex.⁶⁸ The US Preventative Services Task Force recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings. Studies in the general population show that behavioral counseling interventions on alcohol misuse are effective among women of childbearing age.⁶⁹

Screening with intervention has been shown to be effective in reducing alcohol misuse in pregnancy. Studies have shown that brief intervention with counseling significantly reduces the rate of alcohol use during pregnancy among women with a history of heavy drinking.⁷⁰

12.6 Intimate Partner (Domestic) Violence Screening

Approximately 4.4 million adult American women are abused by their spouse or partner each year.⁷¹ 30% of women in the United States experience domestic violence at some time in their lives.⁷² While men also experience abuse from partners, women are 7 to 14 times more likely to suffer a severe physical injury from an intimate partner than men.⁷³ The health consequences of intimate partner violence are numerous. Symptoms of domestic violence may appear as injuries or chronic conditions related to stress. Intimate partner violence is usually chronic and repetitive.⁷⁴ Women who experience domestic violence are more often victims of nonconsensual sex, have higher levels of smoking, chronic pain syndromes, depression, generalized anxiety, substance abuse, and Post-Traumatic Stress Disorder.⁷⁵

Native American women experience domestic violence at rates similar to or higher than the national average. A survey of Navajo women seeking routine care at an IHS facility revealed that 13.5% had experienced physical abuse in the past year, and 41.9% had experienced physical

⁶⁷ Iyasu S, Randall LL, Welty TK, Hsia J, Kinney HC, Mandell F, McClain M, Randall B, Habbe D, Wilson H, Willinger M. Risk factors for sudden infant death syndrome among northern plains Indians. *Journal of the American Medical Association* 2002 Dec 4;288(21):2717-23.

⁶⁸ CDC. Fetal Alcohol Information web page. Information retrieved on 8/24/2004 at www.cdc.gov/ncbddd/fas/fasask.htm

⁶⁹ US Preventative Services Task Force. Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse, April 2004. <http://www.ahrq.gov/clinic/uspstf/uspstfdrin.htm>

⁷⁰ Hankin, JR. Fetal Alcohol Syndrome Prevention Research. *Alcohol research & health : the journal of the National Institute on Alcohol Abuse and Alcoholism*. 2002;26(1):58-65

⁷¹ Plichta S. The effects of women abuse on health care utilization and health status: A literature review. *Women's Health Issues*, 2 (3), 154-164.

⁷² Wilt S, Olson S. Prevalence of domestic violence in the United States. *Journal of the American Medical Women's Association* 1996; 51(3):77-82.

⁷³ Muelleman RL, Lenaghan PA, Pakieser RA. Battered women: injury locations and types. *Annals of Emergency Medicine* 1996;28(5):486-92.

⁷⁴ Barrier PA. Domestic violence. *Mayo Clinic Proceedings*. 1998 Mar;73(3):271-4.

⁷⁵ Ganley A, Warshaw C, eds. *Improving the Health Care Response to Domestic Violence: A resource manual for health care providers*. Family Violence Prevention Fund. 1995.

abuse from a male partner at least once in their lives.⁷⁶ A study of the San Carlos Apache tribe reservation found that 75% of women reported violence in their current relationship.⁷⁷

Screening for intimate partner violence during pregnancy is especially important, as women may experience the start or escalation of violence during pregnancy.⁷⁸ One review study found that an average of 4 to 8% of women had experienced intimate partner violence during pregnancy.⁷⁹ In one survey of pregnant women at the Albuquerque Indian Hospital, 16% of women reported experiencing domestic violence within the last year.⁸⁰ Abused pregnant women are at higher risk for infections, low birth weight babies, smoking, use of alcohol and drugs, maternal depression and suicide than non-abused pregnant women. Routine screening for violence with appropriate intervention during pregnancy can help prevent more trauma.⁸¹

12.7 Obesity Assessment/Childhood Weight Control

An estimated 65% of U.S adults aged 20 years and older are either overweight or obese, defined as having a body mass index (BMI) of 25 or more. About 31% of U.S. adults, over 61 million people, are obese, defined as having a BMI of 30 or more.⁸² BMI measures a person's weight in relationship to their height. BMI can indicate whether a person is overweight (BMI of 25-30), obese (BMI of over 30) or at a healthy weight (BMI of 20-25). The US Preventative Services Task Force has found good evidence that BMI is a reliable and valid way to identify adults at increased risk for mortality and morbidity due to overweight and obesity.⁸³

Rates of obesity and overweight among American Indian and Alaska Native populations in many cases exceed the national averages. Among Pima Indians, estimates of the prevalence of overweight range from 61% to 78% for men, and 81% to 87% for women. One study of Pima Indians found rates of overweight and obesity of 54% to 67% in men aged 45 to 74, and 66% to 80% of women aged 45 to 74.⁸⁴ The Navajo Health and Nutrition Survey found that one third of Navajo men aged 20-39 and one half of men aged 40-59 were overweight. Two-thirds or more of

⁷⁶ Fairchild D, Fairchild M, Stoner S. Prevalence of adult domestic violence among women seeking routine care in a Native American health care facility. *American Journal of Public Health*. 1998;88:1515-7.

⁷⁷ Hamby S, Skupien M. Domestic violence on the San Carlos Apache reservation: Rates, associated psychological symptoms, and current beliefs. *IHS Provider* 1998, August.

⁷⁸ Saunders E. Screening for domestic violence during pregnancy *International journal of trauma nursing*. 2000 Apr-Jun;6(2):44-7.

⁷⁹ Gazmararian, J.A.; Lazorick, S.; Spitz, A.M.; et al. Prevalance of violence against pregnant women. *Journal of the American Medical Association* 275:1915-1920, 1996.

⁸⁰ Lapham SC, Henley E, Kleyboecker K. Prenatal behavioral risk screening by computer among Native Americans. *Family Medicine* 1993;25:197-202.

⁸¹ McFarlane J, Gondolf E. Preventing abuse during pregnancy: a clinical protocol. *MCN American Journal of Maternal Child Nursing* 1998 Jan-Feb;23(1):22-6.

⁸² Flegal KM, Carroll MD, Ogden CL, Johnson CL. Prevalence and trends in obesity among US adults, 1999-2000. *Journal of the American Medical Association*. 2002 Oct 9;288(14):1723-7.

⁸³ US Preventative Services Task Force. Screening for Obesity in Adults: Recommendations and Rationale. *Annals of Internal Medicine*. 2003 Dec 2;139(11):930-2.

⁸⁴ Story M, Evans M, Fabsitz RR, Clay TE, Holy Rock B, Broussard B. The epidemic of obesity in American Indian communities and the need for childhood obesity-prevention programs. *American Journal of Clinical Nutrition*. 1999 Apr;69(4 Suppl):747S-754S.

Navajo women in all age groups were overweight. These averages represent a vast increase over the relatively low rates of overweight found among the Navajo a half-century ago.⁸⁵

Rates of overweight and obesity have also increased among children. In the US, 15% of children between ages 6 and 19 are overweight and about 10% of children between ages 2 and 5 are overweight.⁸⁶ American Indian children have overweight and obesity rates that are higher than the US average. Studies have found that the percentage of AI children with a BMI above the 85th percentile is consistently higher than that of children of other races. The overall prevalence of overweight for AI children ages 6 to 19 has been estimated at 39% (versus 15% for all races combined). The next closest rate is found among Mexican American children (29%).⁸⁷ A study of schoolchildren in seven American Indian communities found that the percentage of AI children ages 6-11 with a BMI above the 95th percentile was higher than the national average (28.6% of AI children versus 11% overall).⁸⁸ Among American Indian children ages 2 to 5, overweight/obesity rates have been reported at 12 to 39 percent.⁸⁹ Obesity in childhood has been linked to increased risk for type 2 diabetes and cardiovascular disease. Obesity in childhood often persists into adulthood and is associated with significant health risks.

Obesity increases the risk of developing a number of health conditions including type 2 diabetes, high blood pressure, high cholesterol, asthma, arthritis, coronary heart disease, stroke, colon cancer, post-menopausal breast cancer, endometrial cancer, gall bladder disease, and sleep apnea.

Obesity is a major risk factor for type 2 diabetes among all races and ethnic groups, and particularly among American Indians. Type 2 diabetes affects over 25 percent of the AI adult population. One-half of adult Pima Indians have diabetes and 95% of those with diabetes are overweight.⁹⁰

Studies have demonstrated that a structured intervention consisting of dietary change, weight loss, and increased physical activity can reduce the risk of impaired glucose tolerance progressing to diabetes mellitus.⁹¹ Research has also shown that structured programs that focus

⁸⁵ White LL, Ballew C, Gilbert TJ, Mendlein JM, Mokdad AH, Strauss KF. Weight, body image, and weight control practices of Navajo Indians: findings from the Navajo Health and Nutrition Survey. *Journal of Nutrition*. 1997 Oct;127(10 Suppl):2094S-2098S.

⁸⁶ Ogden CL, Flegal KM, Carroll MD, Johnson CL Prevalence and trends in overweight among US children and adolescents, 1999-2000. *Journal of the American Medical Association*. 2002 Oct 9;288(14):1728-32.

⁸⁷ Story M, Evans M, Fabsitz RR, Clay TE, Holy Rock B, Broussard B. The epidemic of obesity in American Indian communities and the need for childhood obesity-prevention programs. *American Journal of Clinical Nutrition*. 1999 Apr;69(4 Suppl):747S-754S.

⁸⁸ Caballero B, Himes JH, Lohman T, Davis SM, Stevens J, Evans M, Going S, Pablo J; Pathways Study Research Group. Body composition and overweight prevalence in 1704 schoolchildren from 7 American Indian communities. *The American journal of clinical nutrition*. 2003 Aug;78(2):308-12.

⁸⁹ Indian Health Service. *IHS Report to Congress: Obesity Prevention and Control for American Indians and Alaska Natives* April 2001; 9.

⁹⁰ National Institute of Diabetes and Digestive and Kidney Diseases. *The Pima Indians: Pathfinders for Health*. NIH Publication No. 95-3821. Washington, DC: U.S. Government Printing Office; 1995.

⁹¹ Knowler WC, Barrett-Connor E, Fowler SE, Hamman RF, Lachin JM, Walker EA, Nathan DM; Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *New England Journal of Medicine*. 2002 Feb 7;346(6):393-403.

on lifestyle changes in exercise and diet can improve fitness, decrease BMI, and lower cholesterol.⁹²

12.8 Prenatal HIV Testing

The HIV/AIDS epidemic represents a growing threat to American women of childbearing age. In 1992, women made up 14% of adults and adolescents living with AIDS; by the end of 2003, they made up 22%. In 2001, HIV infection was the 6th leading cause of death among women aged 25-34 years, and the 4th leading cause of death among women aged 35-44.⁹³ Although the rate of HIV infection has stabilized among adult women since 2000, women accounted for 27% of all new HIV and AIDS diagnoses among adults and adolescents in 2003. From 1999 through 2003, the estimated number of AIDS cases increased 15% among women and 1% among men.⁹⁴

HIV infections in newborn children are one potential consequence of higher HIV infection rates among women of childbearing age. In 2003, the CDC reported that 92% of HIV and AIDS cases in children and virtually all new HIV infections in children in the United States were the result of perinatal transmission of HIV.⁹⁵ In the year 2000, the CDC estimated that 280-370 infants contracted HIV from their mothers in the United States.⁹⁶ The CDC estimates that over 8,700 children have contracted HIV through perinatal transmission cumulatively through the year 2003.⁹⁷

In 1994, Zidovudine (ZDV) was found to reduce perinatal transmission of HIV infection, and the US Public Health Service published guidelines regarding the use of ZDV and routine testing and counseling of HIV positive pregnant women. These guidelines have been effective in reducing rates of HIV in newborns. Studies have shown transmission rates of less than 2% among HIV infected mothers who started antiretroviral treatment during pregnancy; those who did not begin treatment until labor or after birth had transmission rates of 12-13%.⁹⁸ By contrast, studies have shown that infants whose mothers receive no preventative treatment contract HIV at a rate of

Tuomilehto J, et al.; Finnish Diabetes Prevention Study Group. Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose tolerance. *New England Journal of Medicine*. 2001 May 3;344(18):1343-50.

⁹² For example, see Riebe D, Greene GW, Ruggiero L, Stillwell KM, Blissmer B, Nigg CR, Caldwell M. Evaluation of a healthy-lifestyle approach to weight management. *Preventative Medicine*. 2003 Jan;36(1):45-54.

⁹³ CDC Fact Sheet: *HIV/AIDS Among Women*. (2004) <http://www.cdc.gov/hiv/pubs/facts/women.pdf>

⁹⁴ CDC. *HIV/AIDS Surveillance Report*, 2003 (Vol. 15). Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2004 <http://www.cdc.gov/hiv/stats/hasrlink.htm>

⁹⁵ CDC. *HIV/AIDS Surveillance Report*, 2003 (Vol. 15). Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2004 <http://www.cdc.gov/hiv/stats/hasrlink.htm>

⁹⁶ CDC. Revised Recommendations for HIV Screening of Pregnant Women: Perinatal Counseling and Guidelines Consultation MMWR Recommendations and Reports 11/9/01;50(RR19):59-86. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a2.htm>

⁹⁷ CDC. *HIV/AIDS Surveillance Report*, 2003 (Vol. 15). Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2004 <http://www.cdc.gov/hiv/stats/hasrlink.htm>

⁹⁸ CDC. HIV Testing Among Pregnant Women—United States and Canada, 1998-2001 *MMWR: Morbidity and Mortality Weekly Report*. 2002. November 15/51(45):1013-1016.

25%.⁹⁹ The CDC believes routine prenatal HIV testing of all pregnant women is the best way to avoid transmission of HIV from mother to infant.¹⁰⁰

Although ZDV can reduce perinatal transmission below 2%, HIV testing of all pregnant women is critical in identifying women who will need treatment during pregnancy. In 2000, 1 in 8 HIV-infected women did not receive prenatal care, and 1 in 9 was not tested for HIV before birth.¹⁰¹ Since 1995, the CDC has recommended that all pregnant women be tested for HIV, and if found to be infected, offered treatment. In 2001 it updated its recommendations to “emphasize HIV testing as a routine part of prenatal care and strengthen the recommendation that all pregnant women be tested for HIV; recommend simplifying the testing process so that pretest counseling is not a barrier to testing; [and] increase the flexibility of the consent process to allow for various types of informed consent.”¹⁰²

In 2002, the CDC published information on HIV testing rates in the US and Canada. Specifically, it compared two types of testing approaches, “opt-in” testing, where pregnant women must agree to getting an HIV test, usually in writing, and “opt-out” testing, where pregnant women are told that an HIV test will be included in the standard group of prenatal tests and that they may decline the test. Unless they decline, they receive an HIV test.

In eight states using the opt-in approach in 1998-1999, testing rates ranged from 25% to 69%. However, in Tennessee, which used an opt-out approach, the testing rate was 85%. The CDC concluded from this study, and other information on prenatal HIV testing, that more women are tested with the opt-out approach, and that the opt-out approach can increase the number of HIV-infected women who are offered treatment, and reduce HIV transmission to infants during birth.¹⁰³

⁹⁹ Connor EM, Sperling RS, Gelber R, et al. Reduction of maternal-infant transmission of human immunodeficiency virus type 1 with zidovudine treatment. *New England Journal of Medicine*. 1994;331:1173-80.

¹⁰⁰ CDC. US Public Health Service recommendations for human-immunodeficiency virus counseling and voluntary testing for pregnant women. *MMWR Recommendations and Reports*. 1995 Jul 7;44(RR-7):1-15.

¹⁰¹ CDC. Enhanced Perinatal Surveillance—United States, 1999–2001. Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2004. Special Surveillance Report 4. <http://www.cdc.gov/hiv/STATS/SpecialReport10-7.pdf>

¹⁰² CDC. Revised Recommendations for HIV Screening of Pregnant Women: Perinatal Counseling and Guidelines Consultation *MMWR Recommendations and Reports* 11/9/01;50(RR19);59-86. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a2.htm>

¹⁰³ CDC Fact Sheet: Reducing HIV Transmission from Mother to Child: An Opt-Out Approach to HIV Screening. 2004. <http://www.cdc.gov/hiv/projects/perinatal/materials/OptOut.pdf>

13.0 Appendix E: Using the CRS GUI

An optional graphical user interface (GUI) is available for the CRS software, in addition to the existing character-based user interface (CHUI), also known as the “roll and scroll” version. The GUI contains all of the same basic functionality as the CHUI version, including setting up site parameters and taxonomies, running reports and patient lists at the facility level, and running reports at the Area level.

In order to avoid redundancy, this section only includes the steps for using the CRS GUI and does not include background information such as report content and performance measure logic, which is included in prior sections of the User Manual.

13.1 Opening the CRS GUI

1. After the CRS GUI software has been installed, a shortcut will be placed on your Windows desktop that is labeled “Visual CRS.” Double-click that icon to open the CRS GUI.
2. At the RPMS Server Address window, type (1) the IP address and (2) the port number of the machine you are connecting to. **NOTE: You will only have to enter this information once if you always connect to the same machine.**
3. Click OK.
4. At the RPMS Login window, type your (1) RPMS Access Code and (2) Verify Code. **NOTE: If the port has integrated security turned on, this message will not be displayed since integrated security ties your windows login to your RPMS Access and Verify Code, thus eliminating the need to login twice.**
5. Click OK.
6. After a few moments, the Select Division window is displayed. Select a Division and click OK. **NOTE: This window will only be displayed if data for multiple facilities is stored on the same RPMS database.**
7. The Select CRS Product window is displayed. You may choose to run either CRS 2005 or CRS 2006. Select the product to be run from the drop-down list.
8. The Visual CRS window is displayed, as shown in Figure 13-1 below.

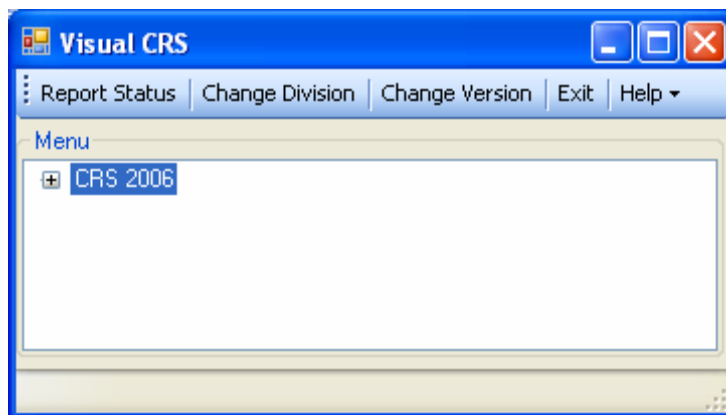


Figure 13-1: Visual CRS Window

There are five toolbar options and one menu option of CRS 2006. The five toolbar options are described below.

- **Report Status** – Displays a list of reports that are currently running and those that have completed. You may click a report to have it automatically opened in Word or Excel, depending on the output option selected when the report was run. For additional information on Report Status, see section 13.5.
- **Change Division** – Allows you to change to a different facility on the RPMS database, in the event data for multiple facilities is stored on the same RPMS database.
- **Change Version** – Allows you to change to a different version of the CRS software. For example, if you are currently running CRS 2006, you can change to CRS 2005.
- **Exit System** – Exits the Visual CRS application. You may also exit by clicking the red “X” in the top right corner of the window.
- **Help** – Provides online help for the Visual CRS application. Within the Help tab, there are five help options: Main Menu, Reports, Setup, Area Options, and About. The first four options provide specific information for running the CRS GUI application and the About option shows the version and build number of the Visual CRS application.

9. Click the + at the left of the CRS 2006 folder to open the CRS 2006 menu, as shown in Figure 13-2 below.

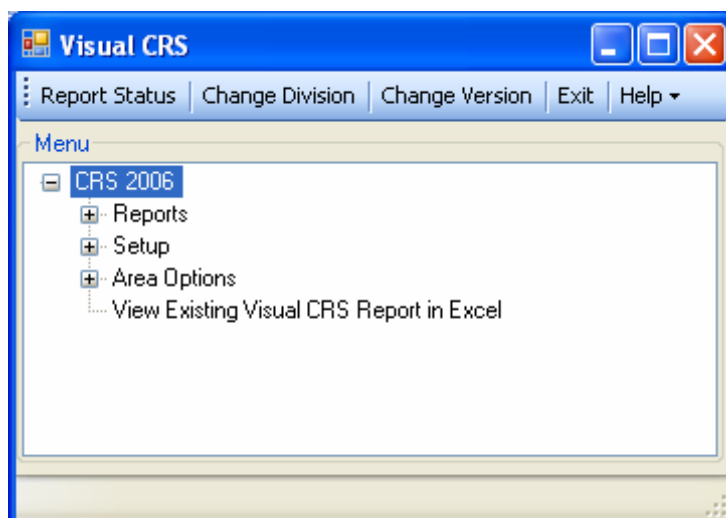


Figure 13-2: CRS 2006 Menu

There are four menu options, as described below.

- **Reports** – Run National GPRA, local, other national (e.g. HEDIS), and taxonomy reports and patient lists.
- **Setup** – Run taxonomy checks, view and set up site-populated taxonomies, set up site parameters (i.e. define facility location, default Community taxonomy, and Home location and choose whether or not to export National GPRA data for EISS reporting purposes and to set parameter for CHS-only facilities).
- **Area Options** – **NOTE: This option is only displayed for users with the BGPZAREA security key.** Upload and run Area aggregate reports from individual sites, list all CRS 2006 files in a specified directory).
- **View Existing Visual CRS Report in Excel** – View a report created in Visual CRS 2006 in Excel. Users may open either text or Excel report files in Excel.

13.2 Getting Started: System Setup

1. From the Visual CRS window (Figure 13-1), click the + at the left of the CRS 2006 folder to open the CRS 2006 menu.
2. Click the + at the left of the Setup folder to open the Setup menu, as shown in Figure 13-3. There are three menu options (i.e. Taxonomy Check, Taxonomy Setup, and Site Parameters), which are described in the sections that follow.

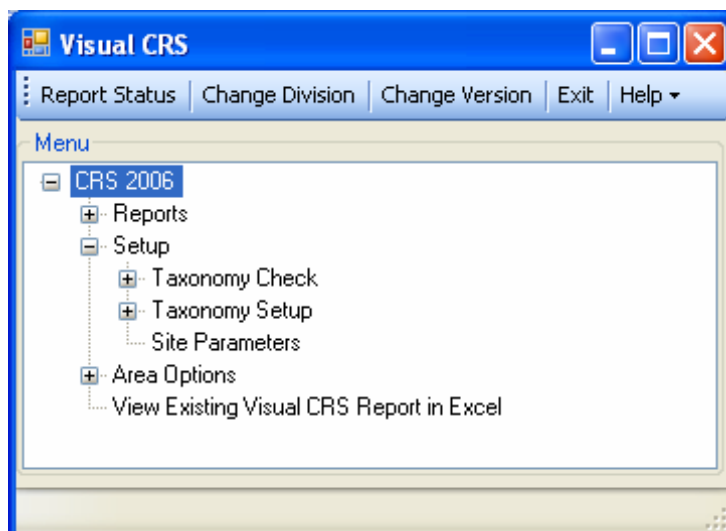


Figure 13-3: Setup Menu

13.2.1 Site Parameters

Refer to section 4.2 for background information on site parameters.

1. From the Setup Menu (Figure 13-3), click the Site Parameters option.
2. The CRS Site Parameters window is displayed, as shown in Figure 13-4 below.

The screenshot shows a window titled "CRS Site Parameters". It contains several input fields and buttons. The "Location" field contains "DEMO HOSPITAL" and has a "Select Location" button. The "Default COMMUNITY Taxonomy" field contains "BETA TEST COMMUNITIES" and has a "Select Taxonomy" button. The "Site's Home Location" field contains "UNDESIG LOCS" and has a "Select Location" button. There are two radio button groups: "Send to Web EISS?" with "Yes" selected, and "CHS Only Site?" with "No" selected. At the bottom are "Save" and "Close" buttons, and a help button with a question mark. A status bar at the bottom left says "Not Saved".

Figure 13-4: CRS Site Parameters Window

3. Click **Select Location** to select the location of the facility that will be running CRS.
4. The Locations window is displayed. Due to the size of the Locations file, no locations are displayed. To search for a location, type either the first few characters or the full facility name in the Begin String box. The default is to display the first 100 records that begin with the search string you entered. However, you may change the number of records that are displayed by clicking the down arrow in the list box and selecting one of the values. Then click Search to display the list of locations. In Figure 13-5 shown below, a search string of “DE” was entered, and 10 locations were found. If more locations were found that could fit on a single window, you could view the remainder of the locations by clicking the More button, which is only enabled if there are more locations to view than are displayed.

The screenshot shows a window titled "Locations" with a search interface and two tables. The search section includes a "Text to Search For" area with a "Begin String" box containing "DE", an "End String" box, a "Number of Records" dropdown set to "100", and "Search" and "More" buttons. Below the search section are two tables: "Locations" on the left and "Locations Selected" on the right. The "Locations" table contains 10 rows of data, with the first row highlighted in blue. Between the tables are "Select" buttons: ">", ">>", "<", and "<<". The "Locations Selected" table is currently empty.

Location	ASUFAC
DEERING	353553
DELAWARE DHC	555211
DELAWARE TRIBE HEAL...	555220
DEMING (NOOKSACK)	708031
DEMO HOSPITAL	808701
DENALI ADOLESCENT C...	353764
DENNEHOTSO H. S.	808530
DENVER IND HLTH & FA...	270066
DESERT VISIONS RTC-S...	600062
DETROIT AIHFS	143611

Figure 13-5: Locations Window

5. Select a location by clicking the name of the Location in the left frame of the window. You will know it is selected because it will be highlighted in blue.
6. Click the > arrow under the Select group to finish the selection. The location you selected will now be listed in the Locations Selected group, as shown in Figure 13-6 below.

If you want to remove the selected location, click the location in the right frame, then click the < button.

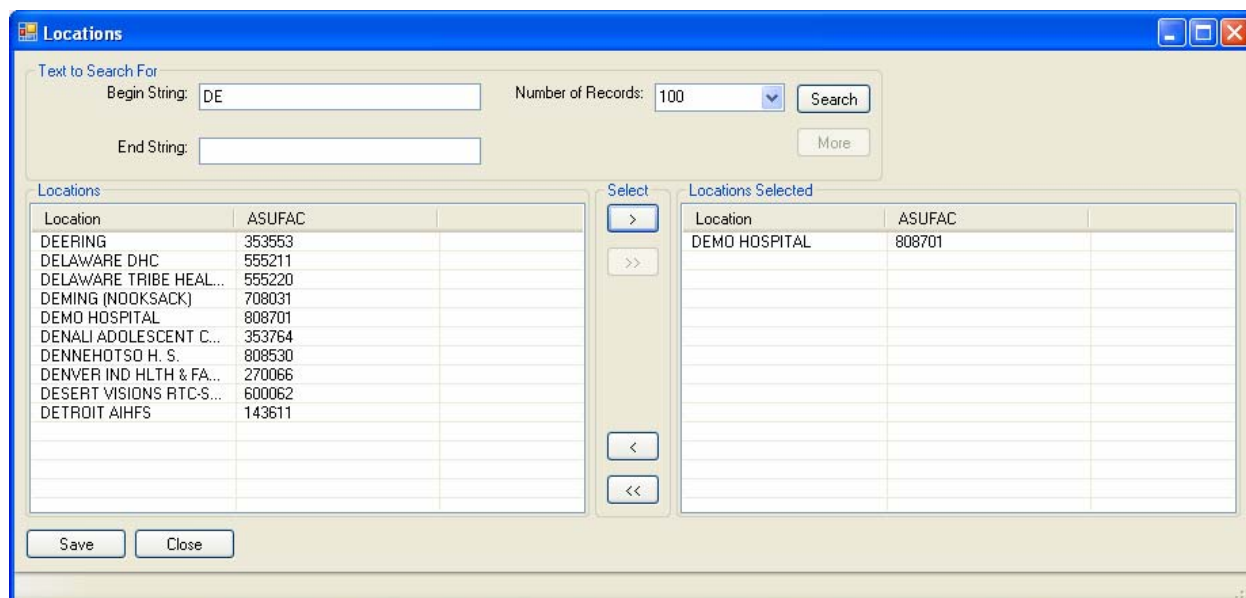


Figure 13-6: Locations Window, Selecting a Location

7. Click **Save** to save the selected location. To close the window without saving the location, click **Close**.
8. From the CRS Site Parameters window (Figure 13-4), click the **Select Taxonomy** button to select the default community taxonomy for the CRS reports. Refer to section 4.1 for information on creating a community taxonomy for use in CRS.
9. The Taxonomies window is displayed and a list of the community taxonomies is displayed in the left frame. Select a community taxonomy as described in steps 5-7 above.
10. From the CRS Site Parameters window (Figure 13-4), click the **Select Location** button to select the site's home location that is used for reporting of Public Health Nursing home visits.
11. Select the home location for your facility by following steps 4-7 above.
12. From the CRS Site Parameters window (Figure 13-4), click the Yes radio button if you want your facility's National GPRA report data exported to the Executive Information Support System (EISS) on the IHS intranet; click the No radio button if you do not want your data exported to the EISS. Refer to section 4.2 for more information on this site parameter.
13. From the CRS Site Parameters window (Figure 13-4), ONLY click the Yes radio button IF your facility offers ONLY Contract Health Services to its patients. See section 4.2 for more information on this site parameter.
14. Click the Save button to save your site parameters.

15. Click the Close button to close the CRS Site Parameters window.

13.2.2 Taxonomy Check and Setup

Refer to section 4.3 for background information on taxonomies.

13.2.2.1 Taxonomy Check

1. From the Setup Menu (Figure 13-3), click the + at the left of the Taxonomy Check folder to display the taxonomy check options, as shown in Figure 13-7.

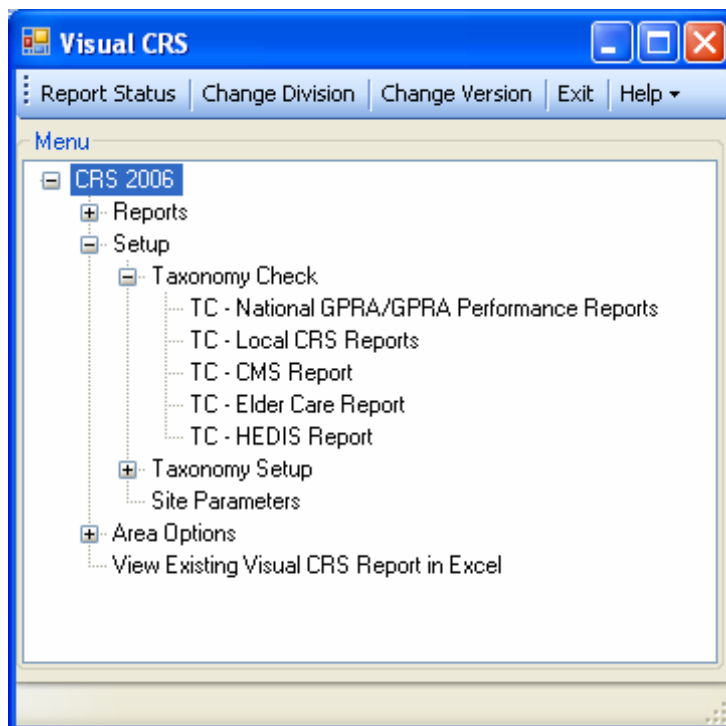


Figure 13-7: Taxonomy Check Options

2. Click the desired taxonomy check option to run. See section 4.3.3 for information on the taxonomy check options.
3. The software checks the taxonomies. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 13.2.2.2 below to setup the missing taxonomies before running the report. Once you have setup the taxonomies, re-run the taxonomy check for the report. In either case, click OK to close the window.

13.2.2.2 Taxonomy Setup

1. From the Setup Menu (Figure 13-3), click the + at the left of the Taxonomy Setup folder to display the taxonomy setup options, as shown in Figure 13-8.

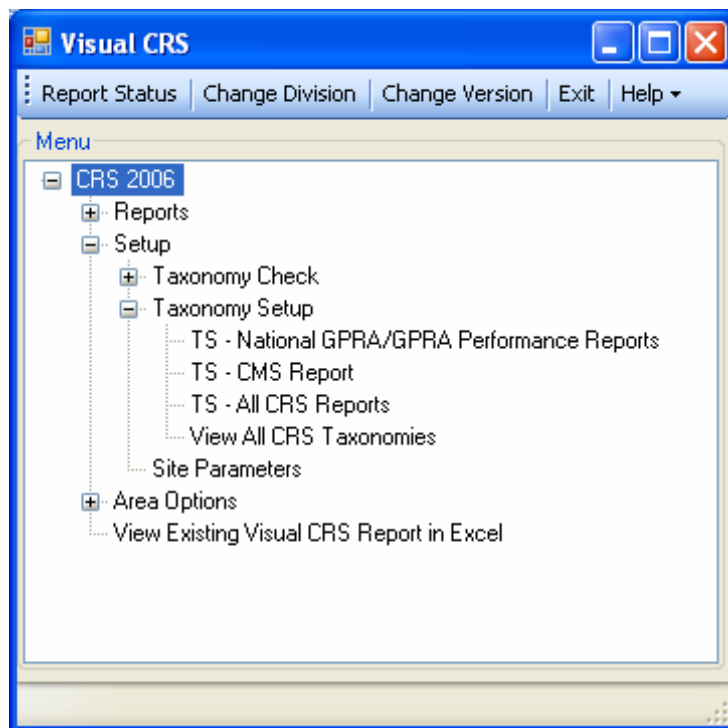


Figure 13-8: Taxonomy Setup Options

2. Click the desired taxonomy setup option. See section 4.3.4 for information on the taxonomy setup options. The process for setting up taxonomies for all reports is the same, as described in the steps below.
3. A message is displayed advising you it may take some time to load the taxonomies. Click **Yes** to continue.
4. The Add/Edit Taxonomy window is displayed. Select the taxonomy you want to edit by clicking the down arrow from the Select Taxonomy drop-down list and clicking the taxonomy.
5. The items available to be added to the taxonomy are listed in the left frame, and the items already included in the taxonomy are listed in the right frame, as shown in Figure 13-9 below. To add an item, click the item, which will be highlighted in blue, then click the > button in the Select group. To add all of the items in the list to the taxonomy, click the >> button. To remove one item from the taxonomy, click the item, then click the < button. To remove all items from the taxonomy, click the << button.
6. To save your changes, click **Save**.
7. To exit the window, click **Close**.

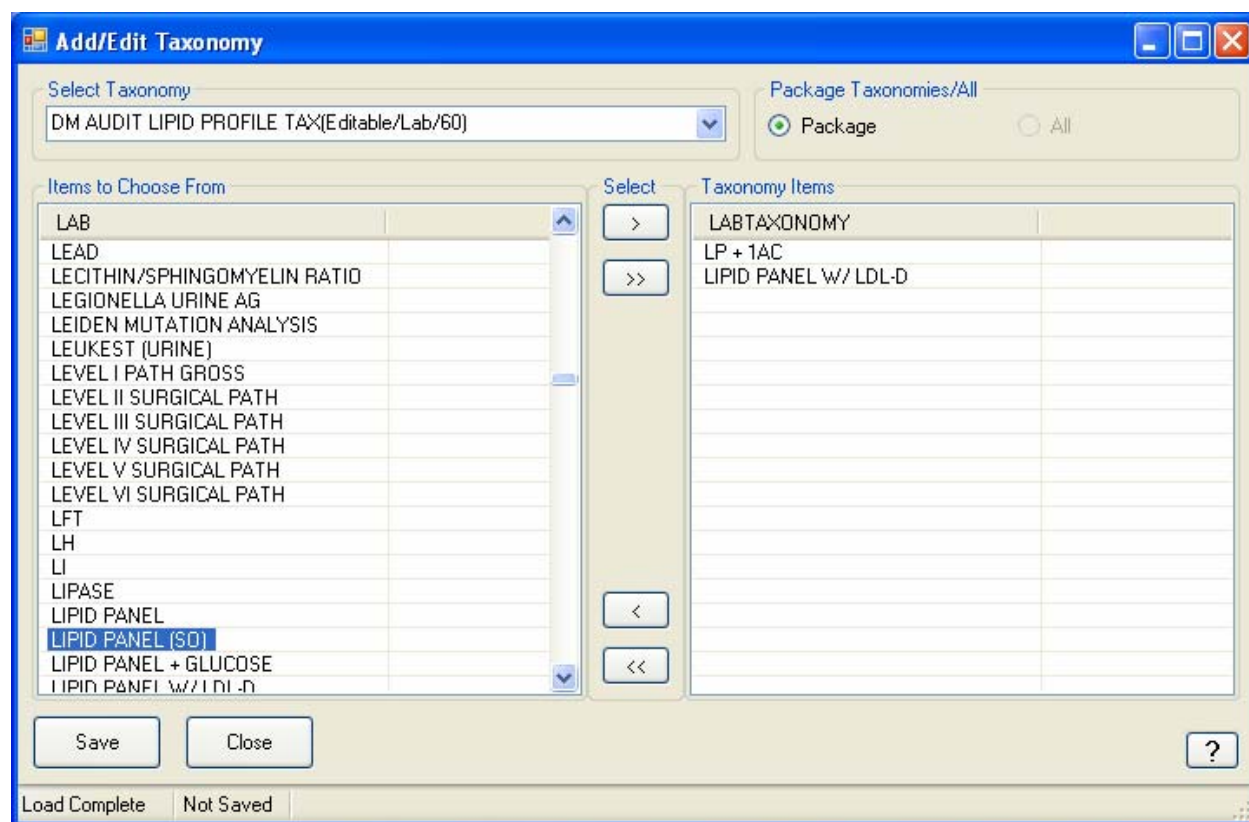


Figure 13-9: Adding an Item to a Site-populated Taxonomy

13.3 Reports and Patients Lists

This section contains instructions on running the CRS reports and patient lists. The CRS GUI contains all of the reports available in the CHUI version. See section 5.0 for descriptions of the reports and patient lists, content of the reports, and report formats.

1. From the Visual CRS window (Figure 13-1), click the + at the left of the CRS 2006 folder to open the CRS 2006 menu.
2. Click the + at the left of the Reports folder to open the Reports menu, as shown in Figure 13-10.

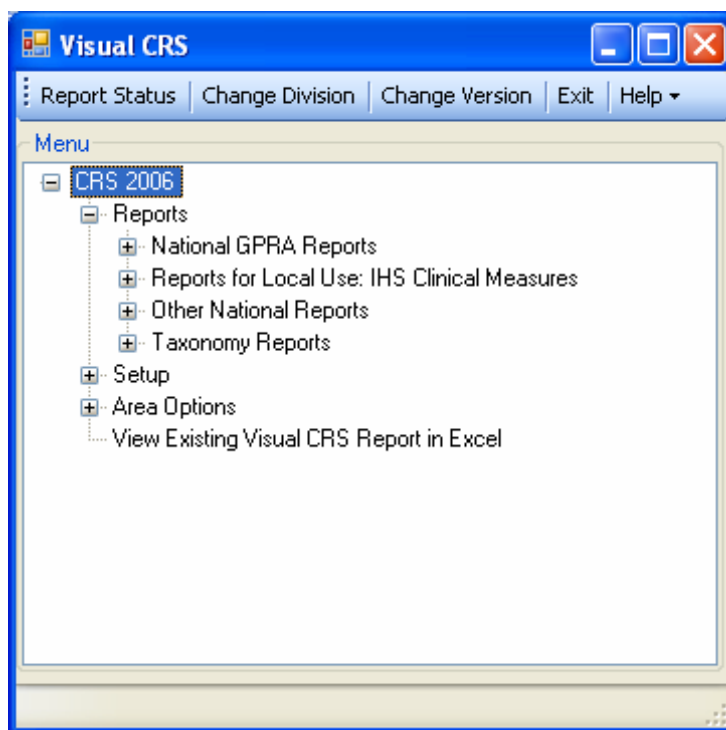


Figure 13-10: Reports Menu

13.3.1 National GPRA Report

1. From the Reports Menu (Figure 13-10), click the + at the left of the National GPRA Reports folder to display the report options.
2. Click the National GPRA Report option.
3. The software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 13.2.2.2 to setup the missing taxonomies before running the report. In either case, click OK to close the window.
4. The National GPRA report window is displayed, as shown in Figure 13-11.
5. If you want to accept the default community, skip to step 9. To select a different community taxonomy, click the **Select** button.
6. The Taxonomies window is displayed. Select the desired community taxonomy by clicking the name of the taxonomy in the left frame of the window. You will know it is selected because it will be highlighted in blue.
7. Click the > arrow under the Select group to finish the selection. The taxonomy you selected will now be listed in the Taxonomies Selected group.

If you wanted to remove the selected taxonomy, click the taxonomy in the right frame, then click the < button.

8. Click **Save** to save the selected community taxonomy. To close the window without saving the community taxonomy, click **Close**.

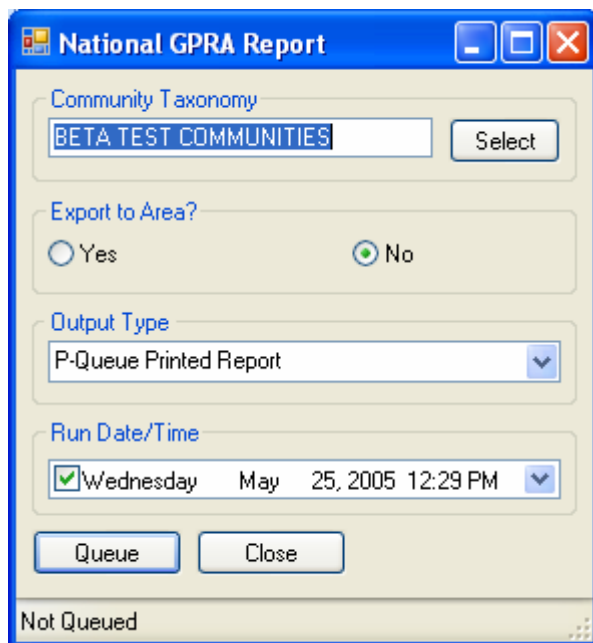


Figure 13-11: National GPRA Report Window

9. Click the **Yes** radio button if you are ready to send final data to your Area Office; otherwise, click the **No** radio button.
10. Select the output type. The output options are defined below.
 - **P-Queue Printed Report** – Creates a printed report that will be automatically opened in MS Word from the Check Report Status window (see section 13.5). You do not need to name this file before you run it, as it will be automatically assigned a name by the program.
 - **D-Create Delimited output file (for use in Excel)** – Creates a delimited file that will be automatically opened in MS Excel from the Check Report Status window. You do not need to name this file before you run it, as it will be automatically assigned a name by the program.
 - **B-Both a Printed Report and Delimited File** – Creates both a printed report that will be automatically opened in MS Word and a delimited file that will be automatically opened in MS Excel from the Check Report Status window.

11. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time in Figure 13-11 by typing from 12:29 to 1:15.
12. Click **Queue** to run the report or **Close** to close the window without running the report.
13. Click **OK** at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 13.5 for information on checking the report status and opening them in Word and Excel.

13.3.2 Comprehensive National GPRA Patient List

1. From the Reports Menu (Figure 13-10), click the + at the left of the National GPRA Reports folder to display the report options.
2. Click the Comprehensive National GPRA Patient List option.
3. The software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 13.2.2.2 to setup the missing taxonomies before running the report. In either case, click **OK** to close the window.
4. The Comprehensive National GPRA Patient List window is displayed (Figure 13-12). Select the type of patient list you want to run (i.e. Random, By Provider, or All Patients). If you selected By Provider, click the Select button to select the provider using the same process as described in section 13.2.1, steps 4 - 7, except you are selecting a provider, not a location.
5. Select the date range for the report by selecting one of the predefined date ranges or selecting the User Defined Report Period option.

If you selected a predefined date range, enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.

If you selected User Defined Report Period, click the listbox down arrow to use the calendar to select a date for the report end date. Or, click the month/day/year value in the Report End box and move the up or down arrows to change the values.

6. The default community taxonomy is displayed in the Community Taxonomy list box. You may use this community or select a different community taxonomy, as described in section 13.3.1, steps 6 - 8.

7. Select the output type. Refer to section 13.3.1 step 10 for information on report output options.
8. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 13-11; replacing the time of 12:29 with 1:15).
9. Click **Queue** to run the report or **Close** to close the window without running the report.
10. Click **OK** at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 13.5 for information on checking the report status and opening them in Word and Excel.

Comprehensive National GPRA P...

List Type
R-Random Patient List

Provider
Select

Date Range

Report Year
2006

Community Taxonomy
BETA TEST COMMUNITIES Select

Output Type
P-Queue Printed Report

Run Date/Time
☒ Friday October 14, 2005 04:29 PM

Queue Close ?

Not Queued

Figure 13-12: Comprehensive National GPRA Patient List Window

13.3.3 National GPRA Report Patient List

1. From the Reports Menu (Figure 13-10), click the + at the left of the National GPRA Reports folder to display the report options.
2. Click the National GPRA Report Patient List option.
3. The software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 13.2.2.2 to setup the missing taxonomies before running the report. In either case, click **OK** to close the window
4. The National GPRA Report Patient List window is displayed (Figure 13-13). Click the **Select Measure(s)** button at the top left to select the measures to be included in the report.
5. The Measures window is displayed. Select the performance measures for your report. The process for selecting the measures is the same as the process for selecting community taxonomy, as described in section 13.3.1, steps 6 - 8, except you are selecting measures, not a community.

National GPRA Report Patient List

Select Measure(s)

Select By
R-Random Patient List

Provider
[Text Field] Select

Date Range
[Dropdown]

Report Year
2006

Community Taxonomy
BETA TEST COMMUNITIES Select

Output Type
P-Queue Printed Report

Run Date/Time
☒ Friday October 14, 2005 04:37 PM

Queue Close ?

Not Queued

Figure 13-13: National GPRA Report Patient List Window

6. Click OK at the message stating it will walk you through selecting patient lists for the measures you selected.
7. The available patient lists for the first measure you selected are displayed (Figure 13-14). Select the patient lists for the specified measure. The process for selecting the patient lists is the same as the process for selecting community taxonomy, as described in section 13.3.1, steps 6 - 8, except you are selecting patient lists, not taxonomies. The process will repeat for each measure you selected for the report. Once the measure and patient list selection process is complete, you will be returned to the National GPRA Report Patient List window (Figure 13-13).

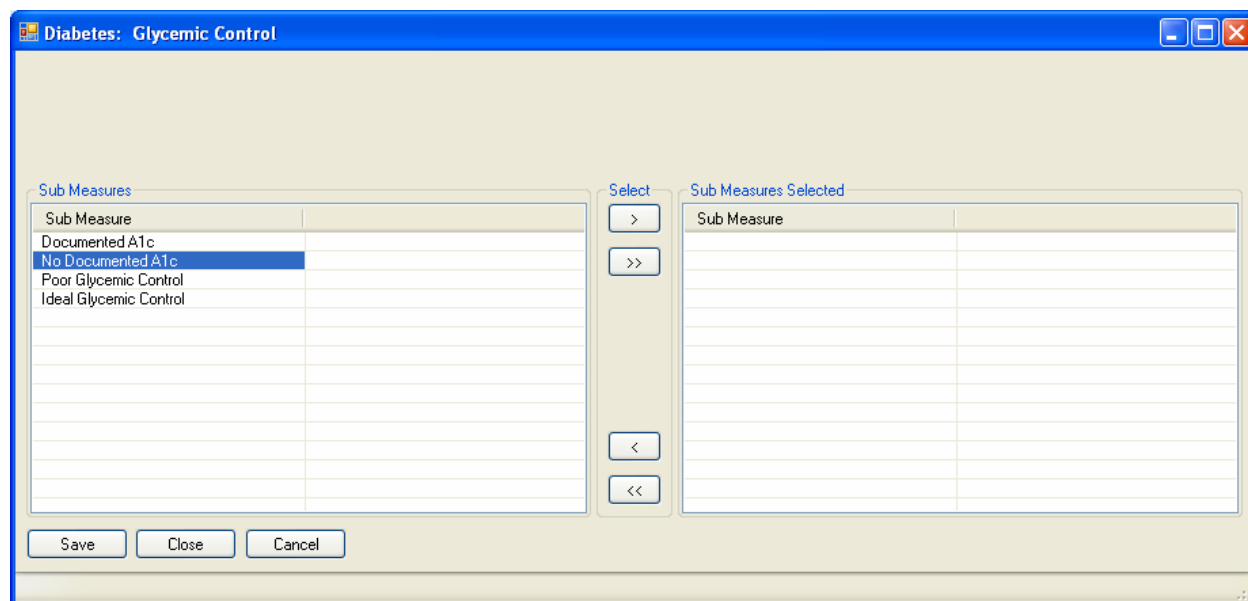


Figure 13-14: Selecting Patient Lists

8. At the National GPRA Report Patient List window (Figure 13-13), select the type of patient list you want to run (i.e. Random, By Provider, or All Patients). If you selected By Provider, click the Select button to select the provider using the same process as described in section 13.2.1, steps 4 - 7, except you are selecting a provider, not a location.
9. Select the date range for the report by selecting one of the predefined date ranges or selecting the User Defined Report Period option.

If you selected a predefined date range, enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.

If you selected User Defined Report Period, click the listbox down arrow to use the calendar to select a date for the report end date. Or, click the month/day/year value in the Report End box and move the up or down arrows to change the values.

10. The default community taxonomy is displayed in the Community Taxonomy list box. You may use this community or select a different community taxonomy, as described in section 13.3.1, steps 6 - 8.
11. Select the output type. Refer to section 13.3.1 step 10 for information on report output options.
12. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 13-11; replacing the time of 12:29 with 1:15).

13. Click **Queue** to run the report or **Close** to close the window without running the report.
14. Click **OK** at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 13.5 for information on checking the report status and opening them in Word and Excel.

13.3.4 Selected Measures with Community Specified Report

1. From the Reports Menu (Figure 13-10), click the **+** at the left of the Reports for Local Use: IHS Clinical Measures folder to display the report options.
2. Click the **Selected Measures w/Community Specified** option.
3. The software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 13.2.2.2 to setup the missing taxonomies before running the report. In either case, click **OK** to close the window.
4. The Selected Measures w/Community window is displayed (Figure 13-15).
5. Select the measures for the report from the Type of Measure listbox. You may choose from one of the predefined groups of measures, such as Diabetes-Related Measures, or to select your own measures for the report (User Defined). If you chose the Selected Measures (User Defined) option, click the **Select** button to select the measures using the same process as described in section 13.3.1, steps 6 - 8 except you are selecting measures, not taxonomies.
6. Select the date range for the report by selecting one of the predefined date ranges.
7. Enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.
8. Enter the base line year.
9. The default community taxonomy is displayed in the Community Taxonomy list box. You may use this community or select a different community taxonomy, as described in section 13.3.1, steps 6 - 8.
10. Click the **Yes** radio button if you want to include patient lists for your report; otherwise, click the **No** button and skip to step 13.
11. Click the **Select Measures** button. The Patient List Measures window is displayed. Select the patient lists for your report by using the same process as

described in section 13.3.1, steps 6 - 8 except you are selecting patient lists, not taxonomies.

Selected Measures w/Community

Type of Measure
[Dropdown] [Select]

Date Range
[Dropdown]

Report Year
2006 [Dropdown]

Base Line Year
2000 [Dropdown]

Community Taxonomy
BETA TEST COMMUNITIES [Select]

Do you want Patient Lists?
☐ Yes ☒ No [Select Measures]

List Type
R-Random Patient List [Dropdown]

Provider
[Text Field] [Select]

Patient Type
1-Indian/Alaska Native (Classification 01) [Dropdown]

Output Type
P-Queue Printed Report [Dropdown]

Run Date/Time
☒ Monday October 17, 2005 09:25 AM [Dropdown]

[Queue] [Close] [?]

Not Queued

Figure 13-15: Selected Measures w/Community Window

12. Select the type of patient list you want to run (i.e. Random, By Provider, or All Patients). If you selected By Provider, click the Select button to select the provider using the same process as described in section 13.2.1, steps 4 - 7, except you are selecting a provider, not a location.

13. Select the Patient Type (i.e. include only AI/AN patients, non-AI/AN patients, or both).
14. Select the output type. Refer to section 13.3.1 step 10 for information on report output options.
15. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 13-11; replacing the time of 12:29 with 1:15).
16. Click **Queue** to run the report or **Close** to close the window without running the report.
17. Click **OK** at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 13.5 for information on checking the report status and opening them in Word and Excel.

13.3.5 Selected Measures w/Patient Panel Population Report

1. From the Reports Menu (Figure 13-10), click the + at the left of the Reports for Local Use: IHS Clinical Measures folder to display the report options.
2. The software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 13.2.2.2 to setup the missing taxonomies before running the report. In either case, click **OK** to close the window.
3. The Selected Measures w/Patient Panel window is displayed (Figure 13-16).
4. Click the **Select** button to select the search template (i.e. patient panel) for the report using the same process as described in section 13.2.1, steps 4 - 7, except you are selecting a search template, not a location.
5. Select the measures for the report from the Type of Measure listbox. You may choose from one of the predefined groups of measures, such as Diabetes-Related Measures, or to select your own measures for the report (User Defined). If you chose the Selected Measures (User Defined) option, click the **Select** button to select the measures using the same process as described in section 13.3.1, steps 6 - 8 except you are selecting measures, not taxonomies.

Selected Measures w/Patient Panel

Search Template
[Text Box] [Select]

Type of Measure
[Dropdown] [Select]

Date Range
[Dropdown]

Report Year
2006 [Dropdown]

Base Line Year
2000 [Dropdown]

Do you want Patient Lists?
☐ Yes ☒ No [Select Measures]

List Type
R-Random Patient List [Dropdown]

Provider
[Text Box] [Select]

Output Type
P-Queue Printed Report [Dropdown]

Run Date/Time
☒ Monday October 17, 2005 09:32 AM [Dropdown]

[Queue] [Close] [?]

Not Queued

Figure 13-16: Selected Measures w/Patient Panel Window

6. Select the date range for the report by selecting one of the predefined date ranges.
7. Enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.
8. Enter the base line year.

9. Click the **Yes** radio button if you want to include patient lists for your report; otherwise, click the **No** button and skip to step 13.
10. Click the **Select Measures** button. The **Patient List Measures** window is displayed. Select the patient lists for your report by using the same process as described in section 13.3.1, steps 6 - 8 except you are selecting patient lists, not taxonomies.
12. Select the type of patient list you want to run (i.e. **Random**, **By Provider**, or **All Patients**). If you selected **By Provider**, click the **Select** button to select the provider using the same process as described in section 13.2.1, steps 4 - 7, except you are selecting a provider, not a location.
13. Select the output type. Refer to section 13.3.1 step 10 for information on report output options.
14. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 13-11; replacing the time of 12:29 with 1:15).
15. Click **Queue** to run the report or **Close** to close the window without running the report.
16. Click **OK** at the message stating the report has been queued and to use the **Check Report Status** option to view it. Refer to section 13.5 for information on checking the report status and opening them in Word and Excel.

13.3.6 Selected Measures w/All Communities Report

1. From the **Reports Menu** (Figure 13-10), click the **+** at the left of the **Reports for Local Use: IHS Clinical Measures** folder to display the report options.
2. Click the **Selected Measures w/All Communities** option.
3. The software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 13.2.2.2 to setup the missing taxonomies before running the report. In either case, click **OK** to close the window.
4. The **Selected Measures w/All Communities** window is displayed (Figure 13-17).
5. Select the measures for the report from the **Type of Measure** listbox. You may choose from one of the predefined groups of measures, such as **Diabetes-Related Measures**, or to select your own measures for the report (**User**

Defined). If you chose the Selected Measures (User Defined) option, click the Select button to select the measures using the same process as described in section 13.3.1, steps 6 - 8 except you are selecting measures, not taxonomies.

Selected Measures w/All Commu...

Type of Measure
[Dropdown] [Select]

Date Range
[Dropdown]

Report Year
2006 [Dropdown]

Base Line Year
2000 [Dropdown]

Do you want Patient Lists?
☐ Yes ☒ No [Select Measures]

List Type
R-Random Patient List [Dropdown]

Provider
[Text Box] [Select]

Patient Type
1-Indian/Alaska Native (Classification 01) [Dropdown]

Output Type
P-Queue Printed Report [Dropdown]

Run Date/Time
☒ Monday October 17, 2005 09:34 AM [Dropdown]

[Queue] [Close] [?]

Not Queued

Figure 13-17: Selected Measures w/All Communities Window

6. Select the date range for the report by selecting one of the predefined date ranges.
7. Enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.

8. Enter the base line year.
9. Click the Yes radio button if you want to include patient lists for your report; otherwise, click the No button and skip to step 12.
10. Click the Select Measures button. The Patient List Measures window is displayed. Select the patient lists for your report by using the same process as described in section 13.3.1, steps 6 - 8 except you are selecting patient lists, not taxonomies.
11. Select the type of patient list you want to run (i.e. Random, By Provider, or All Patients). If you selected By Provider, click the Select button to select the provider using the same process as described in section 13.2.1, steps 4 - 7, except you are selecting a provider, not a location.
12. Select the Patient Type (i.e. include only AI/AN patients, non-AI/AN patients, or both).
13. Select the output type. Refer to section 13.3.1 step 10 for information on report output options.
14. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 13-11; replacing the time of 12:29 with 1:15).
15. Click Queue to run the report or Close to close the window without running the report.
16. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 13.5 for information on checking the report status and opening them in Word and Excel.

13.3.7 CMS Report

1. From the Reports Menu (Figure 13-10), click the + at the left of the Reports for Local Use: IHS Clinical Measures folder to display the report options.
2. Click the CMS Performance Report option.
3. The software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 13.2.2.2 to setup the missing taxonomies before running the report. In either case, click OK to close the window.
4. The CMS Performance Report window is displayed (Figure 13-18).

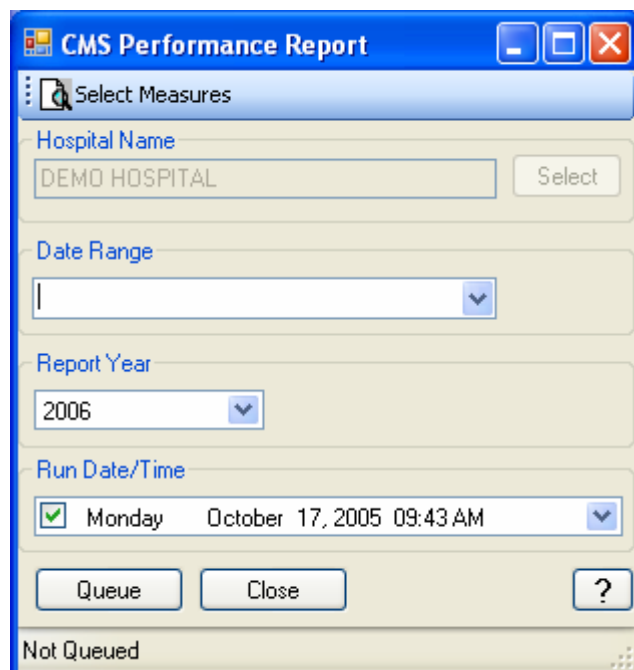


Figure 13-18: CMS Performance Report Window

5. Click the **Select Measures** button to choose the measures for the report using the same process as described in section 13.3.1, steps 6 - 8 except you are selecting measures, not taxonomies.
6. Accept the default hospital name or enter a different one by clicking the Select button and using the same process as described in section 13.2.1, steps 4 - 7, except you are selecting a hospital, not a location.
7. Select the date range for the report by selecting one of the predefined date ranges or selecting the User Defined Report Period option.

If you selected a predefined date range, enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.

If you selected User Defined Report Period, click the listbox down arrow to use the calendar to select a date for the report end date. Or, click the month/day/year value in the Report End box and move the up or down arrows to change the values.

NOTE: There is no delimited output option for this report. All reports will be imported into Word.

8. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and

pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 13-11; replacing the time of 12:29 with 1:15).

9. Click **Queue** to run the report or **Close** to close the window without running the report.
10. Click **OK** at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 13.5 for information on checking the report status and opening it in Word.

13.3.8 GPRA Performance Report

1. From the Reports Menu (Figure 13-10), click the + at the left of the Other National Reports folder to display the report options.
2. Click the **GPRA Performance Report** option.
3. The software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 13.2.2.2 to setup the missing taxonomies before running the report. In either case, click **OK** to close the window.
4. The GPRA Performance Report window is displayed (Figure 13-19).
5. Select the date range for the report by selecting one of the predefined date ranges or selecting the User Defined Report Period option.
6. If you selected a predefined date range, enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.

If you selected User Defined Report Period, click the listbox down arrow to use the calendar to select a date for the report end date. Or, click the month/day/year value in the Report End box and move the up or down arrows to change the values.

7. Enter the base line year.
8. The default community taxonomy is displayed in the Community Taxonomy list box. You may use this community or select a different community taxonomy, as described in section 13.3.1, steps 6 - 8.
9. Click the **Yes** radio button if you are ready to send final data to your Area Office; otherwise, click the **No** radio button.

10. Select the Patient Type (i.e. include only AI/AN patients, non-AI/AN patients, or both).

GPRA Performance Report

Date Range

Report Year: 2006

Base Line Year: 2000

Community Taxonomy: BETA TEST COMMUNITIES [Select]

Export to Area?
☐ Yes ☒ No

Patient Type: 1-Indian/Alaska Native (Classification 01)

Output Type: P-Queue Printed Report

Run Date/Time: ☒ Monday October 17, 2005 09:48 AM

[Queue] [Close] [?]

Not Queued

Figure 13-19: GPRA Performance Report Window

11. Select the output type. Refer to section 13.3.1 step 10 for information on report output options.
12. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 13-11; replacing the time of 12:29 with 1:15).
13. Click **Queue** to run the report or **Close** to close the window without running the report.

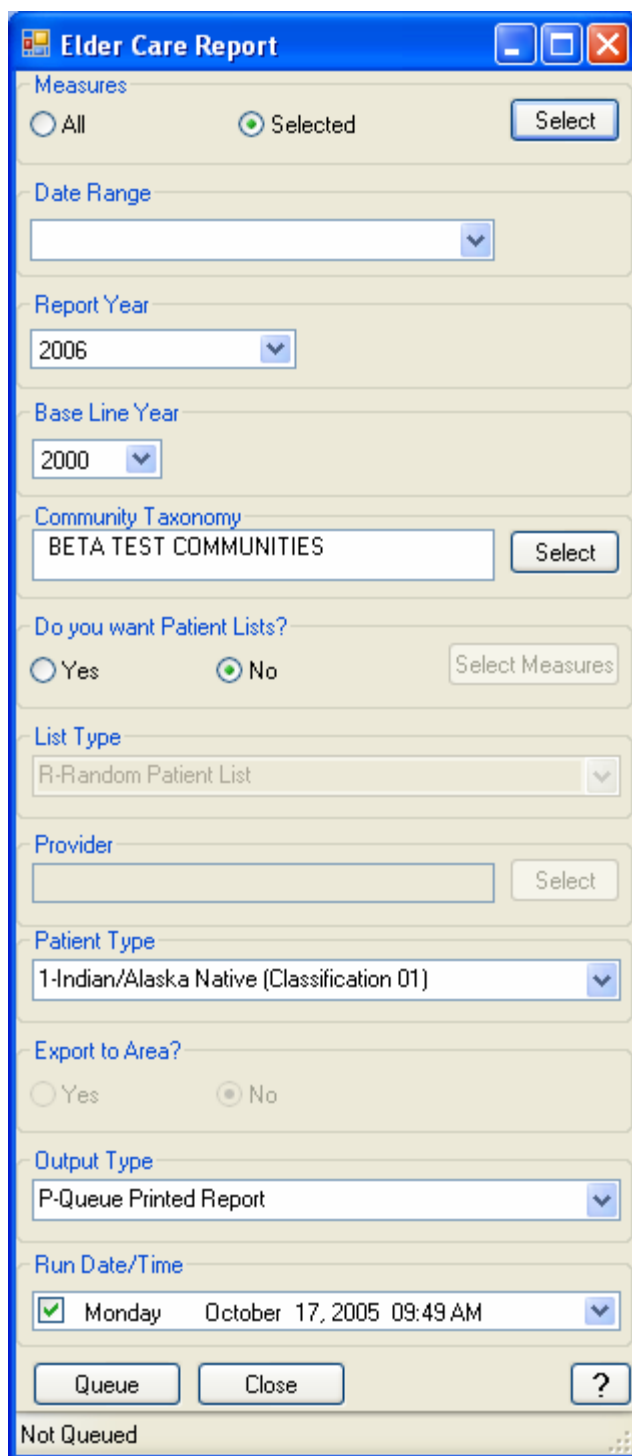
14. Click **OK** at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 13.5 for information on checking the report status and opening them in Word and Excel.

13.3.9 Elder Care Report

1. From the Reports Menu (Figure 13-10), click the **+** at the left of the Other National Reports folder to display the report options.
2. Click the Elder Care Report option.
3. The software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 13.2.2.2 to setup the missing taxonomies before running the report. In either case, click **OK** to close the window.
4. The Elder Care Report window is displayed (Figure 13-20).
5. Click the All radio button to select all Elder Care measures for the report OR click the Selected radio button to choose the measures to be included in the report. If you chose the Selected option, click the **Select** button to select the measures for the report using the same process as described in section 13.3.1, steps 6 - 8 except you are selecting measures, not taxonomies.
6. Select the date range for the report by selecting one of the predefined date ranges or selecting the User Defined Report Period option.
7. If you selected a predefined date range, enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.

If you selected User Defined Report Period, click the listbox down arrow to use the calendar to select a date for the report end date. Or, click the month/day/year value in the Report End box and move the up or down arrows to change the values.

8. Enter the base line year.
9. The default community taxonomy is displayed in the Community Taxonomy list box. You may use this community or select a different community taxonomy, as described in section 13.3.1, steps 6 - 8.



The image shows a software window titled "Elder Care Report". It contains several sections for configuring a report:

- Measures:** Radio buttons for "All" and "Selected" (selected). A "Select" button is to the right.
- Date Range:** A dropdown menu.
- Report Year:** A dropdown menu showing "2006".
- Base Line Year:** A dropdown menu showing "2000".
- Community Taxonomy:** A text box containing "BETA TEST COMMUNITIES" and a "Select" button.
- Do you want Patient Lists?:** Radio buttons for "Yes" and "No" (selected). A "Select Measures" button is to the right.
- List Type:** A dropdown menu showing "R-Random Patient List".
- Provider:** A text box and a "Select" button.
- Patient Type:** A dropdown menu showing "1-Indian/Alaska Native (Classification 01)".
- Export to Area?:** Radio buttons for "Yes" and "No" (selected).
- Output Type:** A dropdown menu showing "P-Queue Printed Report".
- Run Date/Time:** A checkbox (checked) followed by "Monday October 17, 2005 09:49 AM" and a dropdown arrow.

At the bottom, there are "Queue", "Close", and "?" buttons. Below the buttons, it says "Not Queued".

Figure 13-20: Elder Care Report Window

10. Click the Yes radio button if you want to include patient lists for your report; otherwise, click the No button and skip to step 13.
11. Click the Select Measures button. The Patient List Measures window is displayed. Select the patient lists for your report by using the same process as

described in section 13.3.1, steps 6 - 8 except you are selecting patient lists, not taxonomies.

12. Select the type of patient list you want to run (i.e. Random, By Provider, or All Patients). If you selected By Provider, click the Select button to select the provider using the same process as described in section 13.2.1, steps 4 - 7, except you are selecting a provider, not a location.
13. Select the Patient Type (i.e. include only AI/AN patients, non-AI/AN patients, or both).
14. Click the **Yes** radio button if you are ready to send final data to your Area Office; otherwise, click the **No** radio button. **NOTE: This option will only be available if you selected all measures for the report.**
15. Select the output type. Refer to section 13.3.1 step 10 for information on report output options.
16. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 13-11; replacing the time of 12:29 with 1:15).
17. Click **Queue** to run the report or **Close** to close the window without running the report.
18. Click **OK** at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 13.5 for information on checking the report status and opening them in Word and Excel.

13.3.10 HEDIS Performance Report

1. From the Reports Menu (Figure 13-10), click the + at the left of the Other National Reports folder to display the report options.
2. Click the HEDIS Performance Report option.
3. The software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 13.2.2.2 to setup the missing taxonomies before running the report. In either case, click **OK** to close the window.
4. The HEDIS Performance Report window is displayed (Figure 13-21).

The screenshot shows the 'HEDIS Report' window with the following fields and controls:

- Date Range:** A dropdown menu.
- Report Year:** A dropdown menu showing '2006'.
- Base Line Year:** A dropdown menu showing '2000'.
- Community Taxonomy:** A text box containing 'BETA TEST COMMUNITIES' and a 'Select' button.
- Do you want Patient Lists?:** Radio buttons for 'Yes' and 'No' (selected), and a 'Select Measures' button.
- List Type:** A dropdown menu showing 'R-Random Patient List'.
- Provider:** A text box and a 'Select' button.
- Patient Type:** A dropdown menu showing '1-Indian/Alaska Native (Classification 01)'.
- Export to Area?:** Radio buttons for 'Yes' and 'No' (selected).
- Output Type:** A dropdown menu showing 'P-Queue Printed Report'.
- Run Date/Time:** A checkbox for 'Monday' (checked) and a date/time field showing 'October 17, 2005 10:02 AM'.
- Buttons:** 'Queue', 'Close', and a help icon '?'.
- Status:** 'Not Queued' at the bottom.

Figure 13-21: HEDIS Performance Report Window

5. Select the date range for the report by selecting one of the predefined date ranges.
6. Enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.
7. Enter the base line year.

8. The default community taxonomy is displayed in the Community Taxonomy list box. You may use this community or select a different community taxonomy, as described in section 13.3.1, steps 6 - 8.
9. Click the Yes radio button if you want to include patient lists for your report; otherwise, click the No button and skip to step 12.
10. Click the Select Measures button. The Patient List Measures window is displayed. Select the patient lists for your report by using the same process as described in section 13.3.1, steps 6 - 8 except you are selecting patient lists, not taxonomies.
11. Select the type of patient list you want to run (i.e. Random, By Provider, or All Patients). If you selected By Provider, click the Select button to select the provider using the same process as described in section 13.2.1, steps 4 - 7, except you are selecting a provider, not a location.
12. Select the Patient Type (i.e. include only AI/AN patients, non-AI/AN patients, or both).
13. Click the Yes radio button if you are ready to send final data to your Area Office; otherwise, click the No radio button.
14. Select the output type. Refer to section 13.3.1 step 10 for information on report output options.
15. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 13-11; replacing the time of 12:29 with 1:15).
16. Click Queue to run the report or Close to close the window without running the report.
17. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 13.5 for information on checking the report status and opening them in Word and Excel.

13.3.11 Lab Taxonomy Report

1. From the Reports Menu (Figure 13-10), click the + at the left of the Taxonomy Reports folder to display the report options.
2. Click the Lab Taxonomy Report option.
3. The Lab Taxonomy Report window is displayed (Figure 13-22).



Figure 13-22: LAB Taxonomy Report Window

NOTE: There is no delimited output option for this report. All reports will be imported into Word.

4. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 13-11; replacing the time of 12:29 with 1:15).
5. Click **Queue** to run the report or **Close** to close the window without running the report.
6. Click **OK** at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 13.5 for information on checking the report status and opening it in Word.

13.3.12 Medication Taxonomy Report

1. From the Reports Menu (Figure 13-10), click the + at the left of the Taxonomy Reports folder to display the report options.
2. Click the Medication Taxonomy Report option.
3. The Medication Taxonomy Report window is displayed (Figure 13-23).

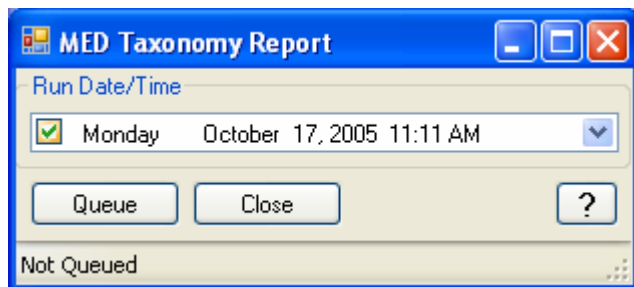


Figure 13-23: MED Taxonomy Report Window

NOTE: There is no delimited output option for this report. All reports will be imported into Word.

4. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 13-11; replacing the time of 12:29 with 1:15).
5. Click **Queue** to run the report or **Close** to close the window without running the report.
6. Click **OK** at the message stating the report has been queued and to use the **Check Report Status** option to view it. Refer to section 13.5 for information on checking the report status and opening it in Word.

13.4 Area Options

This section contains instructions for Area Office users for uploading the facility report files and running the CRS Area Aggregate reports. The CRS GUI contains all of the Area Office reports available in the CHUI version. See section 7.0 for descriptions of the Area options.

1. From the Visual CRS window (Figure 13-1), click the + at the left of the CRS 2006 folder to open the CRS 2006 menu.
2. Click the + at the left of the Area Options folder to open the Area Options menu, as shown in Figure 13-24. **NOTE: The Area Options menu is only displayed for users with the BGPZAREA security key.**

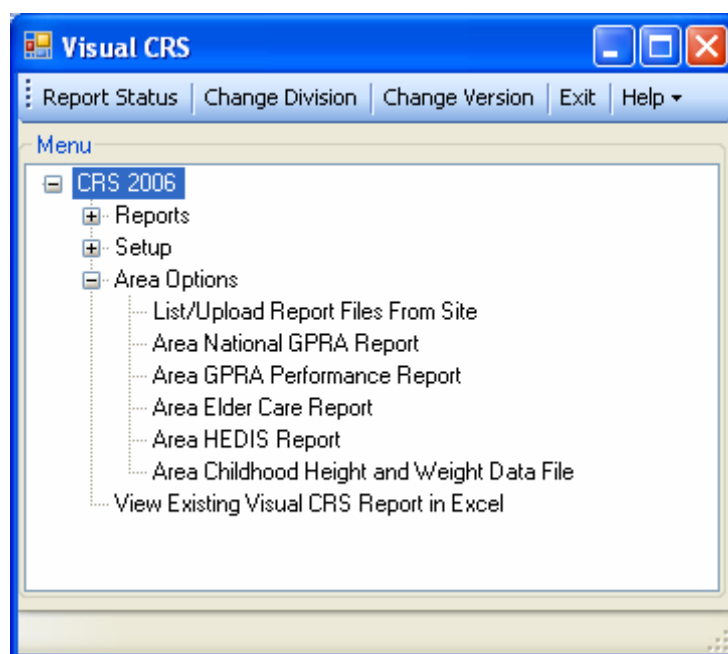


Figure 13-24: Area Options Menu

13.4.1 List/Upload Report Files From Site

1. From the Area Options Menu (Figure 13-24), click the List/Upload Report Files From Site option.
2. The Upload Files window is displayed (Figure 13-25).
3. Type the appropriate directory name in the Directory Name box. This should be the Area network directory to which the facility's data files have been sent via FTP (File Transfer Protocol) at the time the facility ran the requested national performance report.
4. Click OK.
5. A list of files will be displayed, as shown in (Figure 13-25). Only FileMan data files created by CRS 2006 (BGP v.6.*) will be listed. File names begin with "BG06" and are followed by the six-digit ASUFAC code for the facility that created and transmitted the file. Files with an extension containing ".HE" are HEDIS reports and files with an extension of ".EL" are Elder Care reports. GPRA Performance reports are treated the same as National GPRA reports and will be displayed with them, if they have a report period of July 1, 2005 – June 30, 2006, a baseline year of 2000, and a population of AI/AN only.

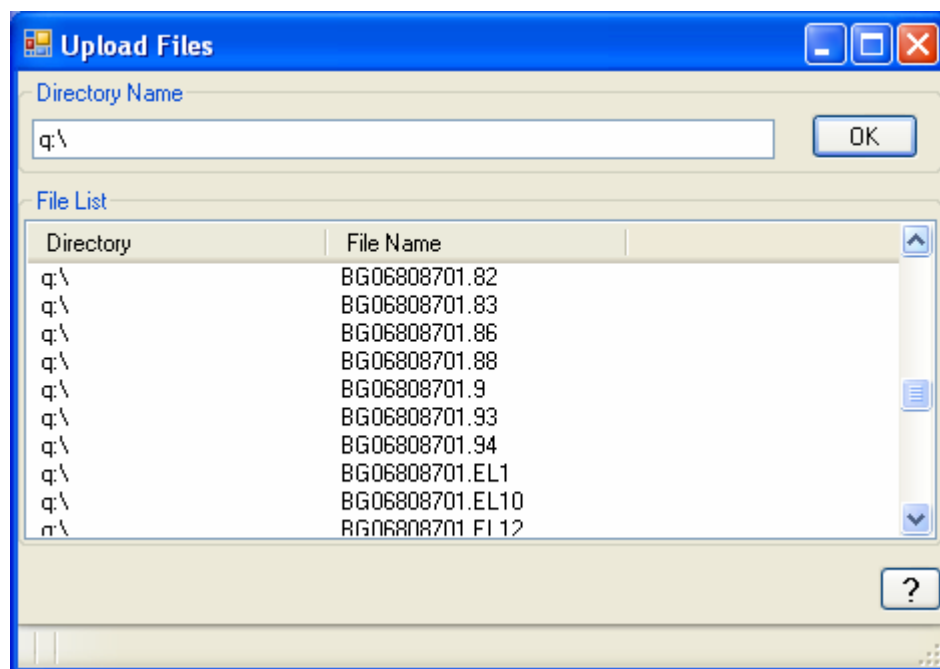


Figure 13-25: Upload Files Window

6. To upload a file, point to the desired file and right-click. An Upload message will be displayed. Click Upload to upload the file. Once the file has been uploaded, "Files Uploaded Successfully" will be displayed in the status bar (lower left) of the window.

7. To exit the window, click the red X in the upper right corner.

13.4.2 Area National GPRA Report

For background information on this report and to view the sample cover page, sample Summary Page, and sample Clinical Performance Detail section, see section 7.2.1.

1. From the Area Options Menu (Figure 13-24), click the **Area National GPRA Report** option.
2. The Area GPRA Report window is displayed (Figure 13-26).

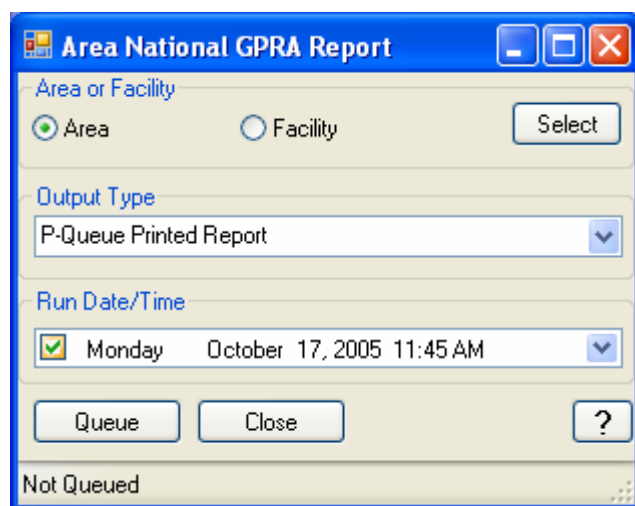


Figure 13-26: Area GPRA Report Window

3. Click the Area radio button to run a report that combines the data for all sites within the Area or click the Facility radio button to run a report similar to the facility National GPRA report (see section 5.1.1.).
4. The Facilities window is displayed (Figure 13-27). All facilities that have had their data files uploaded for the National GPRA report are displayed.

The screenshot shows a window titled "Facilities" with a table and a selection interface.

Service Unit	Facility	Begin Date	End Date	Base Beg	Base End
TUBA CITY	DEMO HOSPITAL	07/01/05	06/30/06	07/01/99	06/30/00
TUBA CITY	DEMO HOSPITAL	07/01/05	06/30/06	07/01/99	06/30/00
TUBA CITY	DEMO HOSPITAL (CHS ONLY)	07/01/05	06/30/06	07/01/99	06/30/00
TUBA CITY	DEMO HOSPITAL	07/01/05	06/30/06	07/01/99	06/30/00
TUBA CITY	DEMO HOSPITAL	07/01/05	06/30/06	07/01/99	06/30/00

Below the table are buttons: "Add One", "Add All", "Delete One", and "Delete All".

Below these buttons is a section titled "Selected Items" with a table:

Service Unit	Facility	Begin Date	End Date	Base Beg	Base End

At the bottom of the window are buttons: "Save" and "Close".

Figure 13-27: Facilities Window

5. To select the facilities to be included, click them, then click the **Add One** button. To select all listed facilities for the report, click the **Add All** button. To remove a facility from the Selected Items list, click the facility, then click the **Delete One** button. To remove all facilities from the Selected Items list, click the **Delete All** button.
6. Click the **Save** button when you are finished selecting facilities for the report.
7. Select the output type. Refer to section 13.3.1 step 10 for information on report output options.
8. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 13-11; replacing the time of 12:29 with 1:15).
9. Click **Queue** to run the report or **Close** to close the window without running the report.
10. Click **OK** at the message stating the report has been queued and to use the **Check Report Status** option to view it. Refer to section 13.5 for information on checking the report status and opening them in Word and Excel.

13.4.3 Area GPRA Performance, Elder Care and HEDIS Reports

The process for running the Area GPRA Performance, Elder Care, and HEDIS reports is the same and will be discussed in this section. For demonstration purposes, the Area Elder Care report was run.

For background information on these reports, refer to sections 7.2.2 through 7.2.4.

1. From the Area Options Menu (Figure 13-24), click the desired report option (i.e. Area GPRA Performance Report, Area Elder Care Report, or Area HEDIS Report).
2. Depending on the report selected, the Area GPRA Performance Report, Area Elder Care Report, or the Area HEDIS Report window is displayed. For demonstration purposes, the Area Elder Care Report window is displayed (Figure 13-28).
3. Select the date range for the report by selecting one of the predefined date ranges or selecting the User Defined Report Period option.
4. If you selected a predefined date range, enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.

If you selected User Defined Report Period, click the listbox down arrow to use the calendar to select a date for the report end date. Or, click the month/day/year value in the Report End box and move the up or down arrows to change the values.

5. Enter the base line year.
6. Select the Patient Type (i.e. include only AI/AN patients, non-AI/AN patients, or both).
7. Click the Area radio button to run a report that combines the data for all sites within the Area or click the Facility radio button to run a report similar to the facility report. The example here is an Area Aggregate report.

Area Elder Care Report

Date Range

Report Year: 2006

Base Line Year: 2000

Patient Type: 1-Indian/Alaska Native (Classification 01)

Area or Facility: ☒ Area ☐ Facility

Output Type: P-Queue Printed Report

Run Date/Time: ☒ Monday October 17, 2005 11:49 AM

Not Queued

Figure 13-28: Area Elder Care Report Window

8. The Facilities window is displayed (Figure 13-29). All facilities that have had their data files uploaded that match the criteria for the report are displayed.

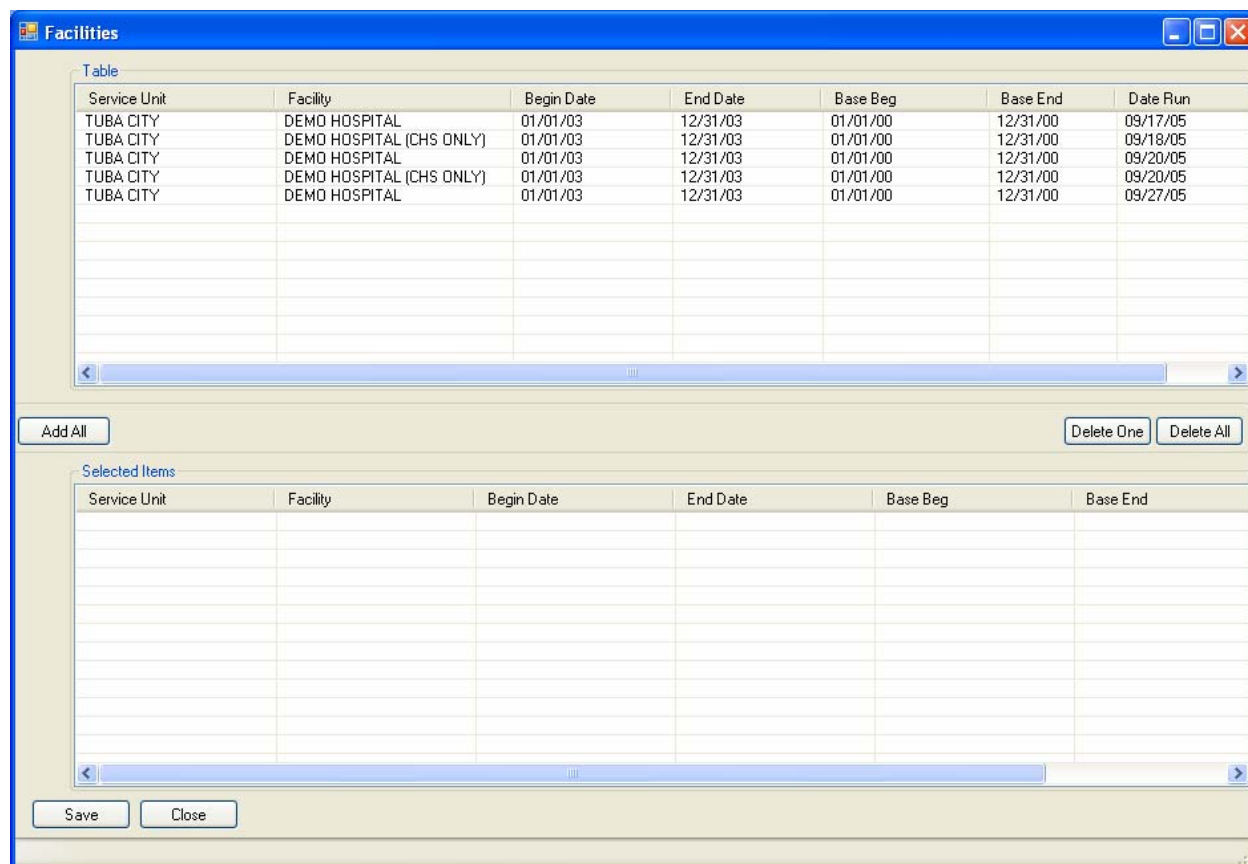


Figure 13-29: Facilities Window

9. To select the facilities to be included, click them, then click the **Add One** button. To select all listed facilities for the report, click the **Add All** button. To remove a facility from the Selected Items list, click the facility, then click the **Delete One** button. To remove all facilities from the Selected Items list, click the **Delete All** button.
10. Click the **Save** button when you are finished selecting facilities for the report.
11. Select the output type. Refer to section 13.3.1 step 10 for information on report output options.
12. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 13-11; replacing the time of 12:29 with 1:15).
13. Click **Queue** to run the report or **Close** to close the window without running the report.

14. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 13.5 for information on checking the report status and opening them in Word and Excel.

13.4.4 Area Childhood Height and Weight Data File

For background information on this file, refer to section 6.3.

1. From the Area Options Menu (Figure 13-24), click the Area Childhood Height and Weight Data File option.
2. The Area Childhood Height and Weight window is displayed (Figure 13-30).

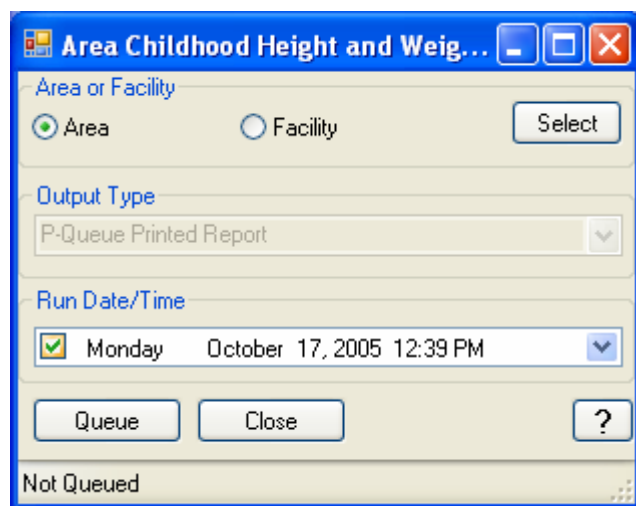


Figure 13-30: Area Childhood Height and Weight Window

3. Click the Area radio button to run a report that combines the data for all sites within the Area or click the Facility radio button to create a file that contains only childhood height and weight data for a single facility. The example here is an Area Aggregate report.
4. The Facilities window is displayed (Figure 13-31). All facilities that have had their data files uploaded for the National GPRA report, which is where the childhood height and weight data is stored and comes from, are displayed.

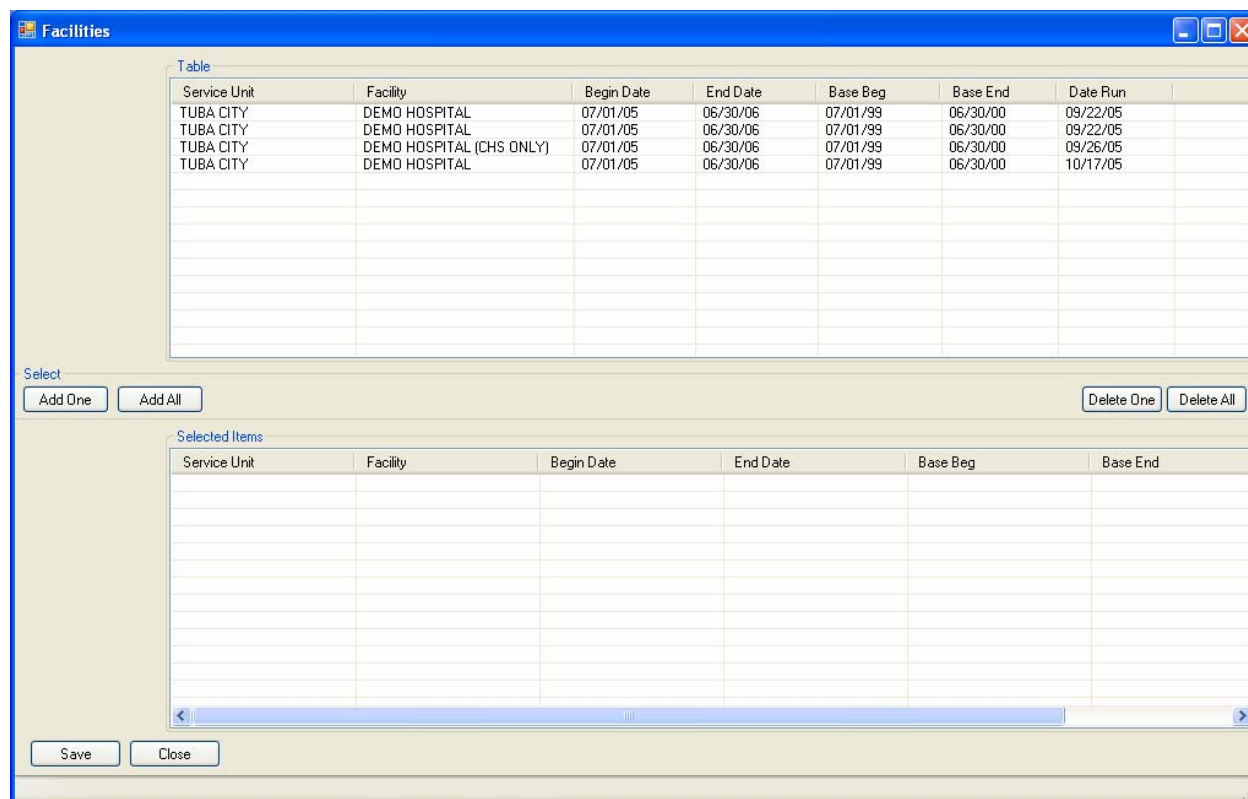


Figure 13-31: Facilities Window

- To select the facilities to be included, click them, then click the **Add One** button. To select all listed facilities for the report, click the **Add All** button. To remove a facility from the **Selected Items** list, click the facility, then click the **Delete One** button. To remove all facilities from the **Selected Items** list, click the **Delete All** button.
- Click the **Save** button when you are finished selecting facilities for the report.

NOTE: There is no printed output option for this file. A delimited data file containing all facility data will be created, which can be manually imported into Excel.

7. If you want to change the run date and time of the file, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 13-11; replacing the time of 12:29 with 1:15).
8. Click **Queue** to run the report or **Close** to close the window without running the file.
9. A message is displayed informing you of the name of the file and the directory to which it was written, as shown in Figure 13-32 below. Click **OK**. **NOTE: This delimited file may not be opened by using the Report Status option**

in the CRS GUI. As with the BG06, GPRANT, and GPRAEX files, it is located in a specific directory on your server. Contact your Site Manager to assist you with locating the file so it can be sent to Dr. Nat Cobb at the Division of Epidemiology.

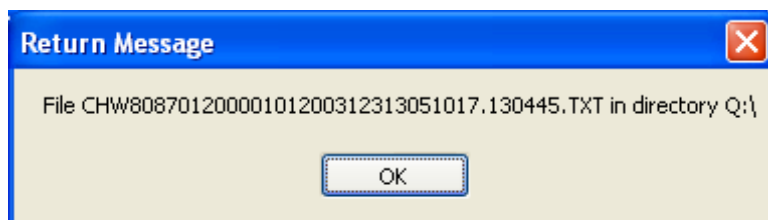


Figure 13-32: Area Childhood Height and Weight Data File Message

13.5 Check Report Status and Open GUI Report Files

The Check Report Status window will be used to: (1) view the status of reports you have queued to run and to (2) open the report files in MS Word and/or MS Excel. With the GUI, the files are now physically placed on the computer that was used to run the reports and the process of opening these files has been automated. The files are automatically assigned a filename, so you do not need to assign the name when you are running the report. However, report files beginning with “BG06” that are used for creating the Area Aggregate reports, the GPRAEX and GPRANT files, and the aggregated Childhood Height and Weight Data files (begin with “CHW”) that are created when the Area National GPRA report is run, will still be written to your network’s Public directory, which varies at each facility.

1. Click the Report Status button on the Visual CRS toolbar (Figure 13-33).

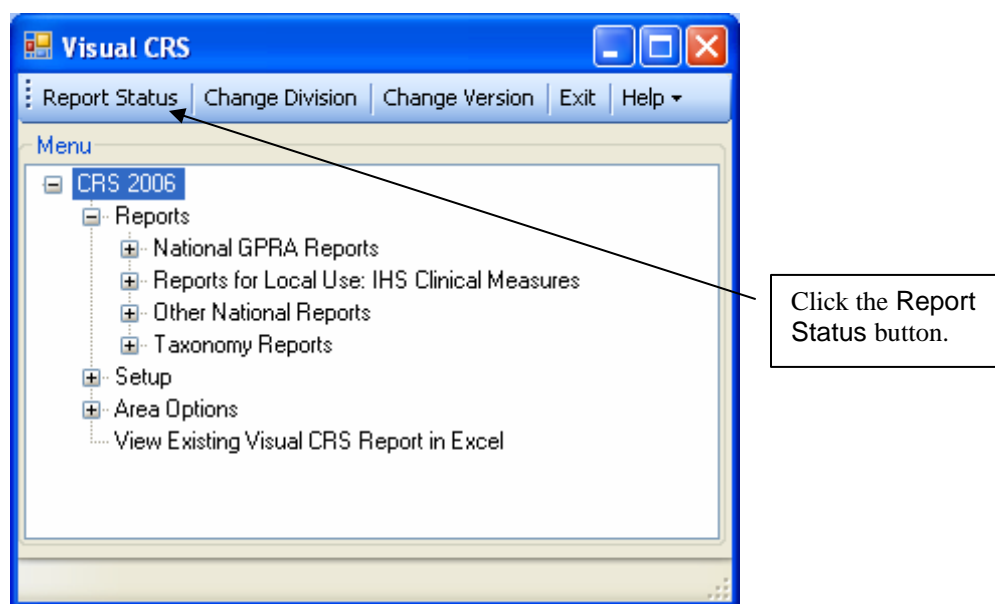
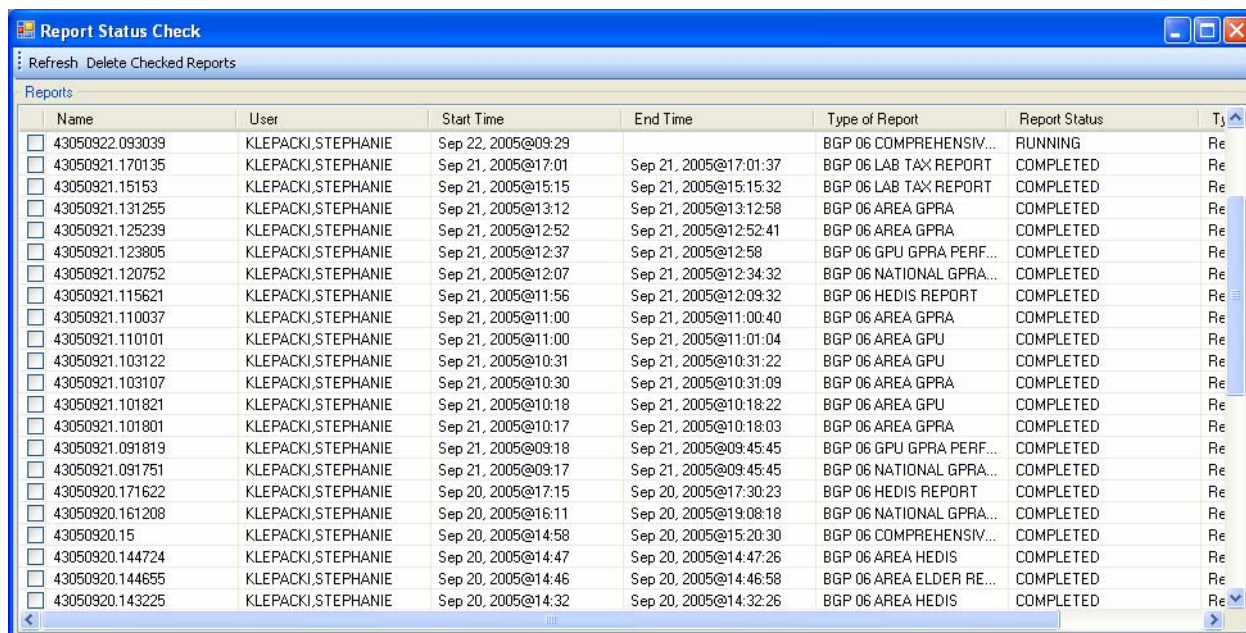


Figure 13-33: Visual CRS Window

- The Report Status Check window is displayed (Figure 13-34). It lists in descending order (i.e. from most current to oldest) reports that are running and which have completed. Information about the report is displayed, including file name, the user name of the person who ran the report, the time the report started running and the time it ended, the type of report, the status of the report, and the output option. Click the Refresh button at the top right to update the report status.



Refresh Delete Checked Reports						
Reports						
Name	User	Start Time	End Time	Type of Report	Report Status	Ty
<input type="checkbox"/> 43050922.093039	KLEPACKJ,STEPHANIE	Sep 22, 2005@09:29	Sep 21, 2005@17:01:37	BGP 06 COMPREHENSIV...	RUNNING	Re
<input type="checkbox"/> 43050921.170135	KLEPACKJ,STEPHANIE	Sep 21, 2005@17:01	Sep 21, 2005@15:15:32	BGP 06 LAB TAX REPORT	COMPLETED	Re
<input type="checkbox"/> 43050921.15153	KLEPACKJ,STEPHANIE	Sep 21, 2005@15:15	Sep 21, 2005@13:12:58	BGP 06 LAB TAX REPORT	COMPLETED	Re
<input type="checkbox"/> 43050921.131255	KLEPACKJ,STEPHANIE	Sep 21, 2005@13:12	Sep 21, 2005@12:52:41	BGP 06 AREA GPRA	COMPLETED	Re
<input type="checkbox"/> 43050921.125239	KLEPACKJ,STEPHANIE	Sep 21, 2005@12:52	Sep 21, 2005@12:34:32	BGP 06 AREA GPRA	COMPLETED	Re
<input type="checkbox"/> 43050921.123805	KLEPACKJ,STEPHANIE	Sep 21, 2005@12:37	Sep 21, 2005@11:00:40	BGP 06 GPU GPRA PERF...	COMPLETED	Re
<input type="checkbox"/> 43050921.120752	KLEPACKJ,STEPHANIE	Sep 21, 2005@12:07	Sep 21, 2005@11:01:04	BGP 06 NATIONAL GPRA...	COMPLETED	Re
<input type="checkbox"/> 43050921.115621	KLEPACKJ,STEPHANIE	Sep 21, 2005@11:56	Sep 21, 2005@10:31:22	BGP 06 HEDIS REPORT	COMPLETED	Re
<input type="checkbox"/> 43050921.110037	KLEPACKJ,STEPHANIE	Sep 21, 2005@11:00	Sep 21, 2005@10:31:09	BGP 06 AREA GPRA	COMPLETED	Re
<input type="checkbox"/> 43050921.110101	KLEPACKJ,STEPHANIE	Sep 21, 2005@11:00	Sep 21, 2005@10:18:22	BGP 06 AREA GPU	COMPLETED	Re
<input type="checkbox"/> 43050921.103122	KLEPACKJ,STEPHANIE	Sep 21, 2005@10:31	Sep 21, 2005@10:18:03	BGP 06 AREA GPU	COMPLETED	Re
<input type="checkbox"/> 43050921.103107	KLEPACKJ,STEPHANIE	Sep 21, 2005@10:30	Sep 21, 2005@09:45:45	BGP 06 AREA GPRA	COMPLETED	Re
<input type="checkbox"/> 43050921.101821	KLEPACKJ,STEPHANIE	Sep 21, 2005@10:18	Sep 21, 2005@09:45:45	BGP 06 AREA GPU	COMPLETED	Re
<input type="checkbox"/> 43050921.101801	KLEPACKJ,STEPHANIE	Sep 21, 2005@10:17	Sep 20, 2005@17:30:23	BGP 06 AREA GPRA	COMPLETED	Re
<input type="checkbox"/> 43050921.091819	KLEPACKJ,STEPHANIE	Sep 21, 2005@09:18	Sep 20, 2005@19:08:18	BGP 06 GPU GPRA PERF...	COMPLETED	Re
<input type="checkbox"/> 43050921.091751	KLEPACKJ,STEPHANIE	Sep 21, 2005@09:17	Sep 20, 2005@15:20:30	BGP 06 NATIONAL GPRA...	COMPLETED	Re
<input type="checkbox"/> 43050920.171622	KLEPACKJ,STEPHANIE	Sep 20, 2005@17:15	Sep 20, 2005@14:47:26	BGP 06 HEDIS REPORT	COMPLETED	Re
<input type="checkbox"/> 43050920.161208	KLEPACKJ,STEPHANIE	Sep 20, 2005@16:11	Sep 20, 2005@14:46:58	BGP 06 NATIONAL GPRA...	COMPLETED	Re
<input type="checkbox"/> 43050920.15	KLEPACKJ,STEPHANIE	Sep 20, 2005@14:58	Sep 20, 2005@14:32:26	BGP 06 COMPREHENSIV...	COMPLETED	Re
<input type="checkbox"/> 43050920.144724	KLEPACKJ,STEPHANIE	Sep 20, 2005@14:47	Sep 20, 2005@14:32:26	BGP 06 AREA HEDIS	COMPLETED	Re
<input type="checkbox"/> 43050920.144655	KLEPACKJ,STEPHANIE	Sep 20, 2005@14:46	Sep 20, 2005@14:32:26	BGP 06 AREA ELDER RE...	COMPLETED	Re
<input type="checkbox"/> 43050920.143225	KLEPACKJ,STEPHANIE	Sep 20, 2005@14:32	Sep 20, 2005@14:32:26	BGP 06 AREA HEDIS	COMPLETED	Re

Figure 13-34: Report Status Check Window

- To open a report, simply point to it and click. A loading message will display and after a few moments, the report will open. If you ran both the printed and delimited reports, the printed report will open first in MS Word. Both the printed and delimited reports are automatically saved with the assigned filename in the directory to which the Visual CRS software was installed on your computer. The default directory is C:\Program Files\Cimarron Medical Informatics\Visual CRS. However, you may save these files to a different directory on your computer with more meaningful names so they will be easier to identify.
- If you ran both a printed and delimited report, after the printed report is opened in MS Word, the following message will be displayed:

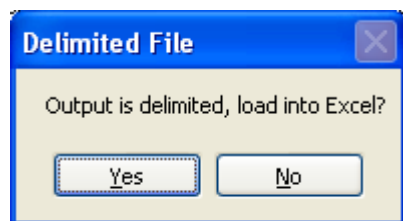


Figure 13-35: Delimited File Message

5. Click **Yes** to open the delimited file in Excel; otherwise, click **No**. The report will automatically open in Excel, with the delimiters removed. The report is automatically saved with the assigned filename in the directory to which the Visual CRS software was installed on your computer.
6. To delete a report, click the checkbox at the far left of the report name, then click the Delete Checked Report toolbar option.

13.6 View Existing Visual CRS Report in Excel

1. From the Visual CRS window (Figure 13-1), click the + at the left of the CRS 2006 folder to open the CRS 2006 menu.
2. Click the View Existing Visual CRS Report in Excel option.
3. The Choose a File window is displayed (Figure 13-36) listing the existing Excel report files. You may change the display to list all files, however, if you select a text (i.e. delimited) file or a printed file to be opened, it will not be automatically formatted for Excel.

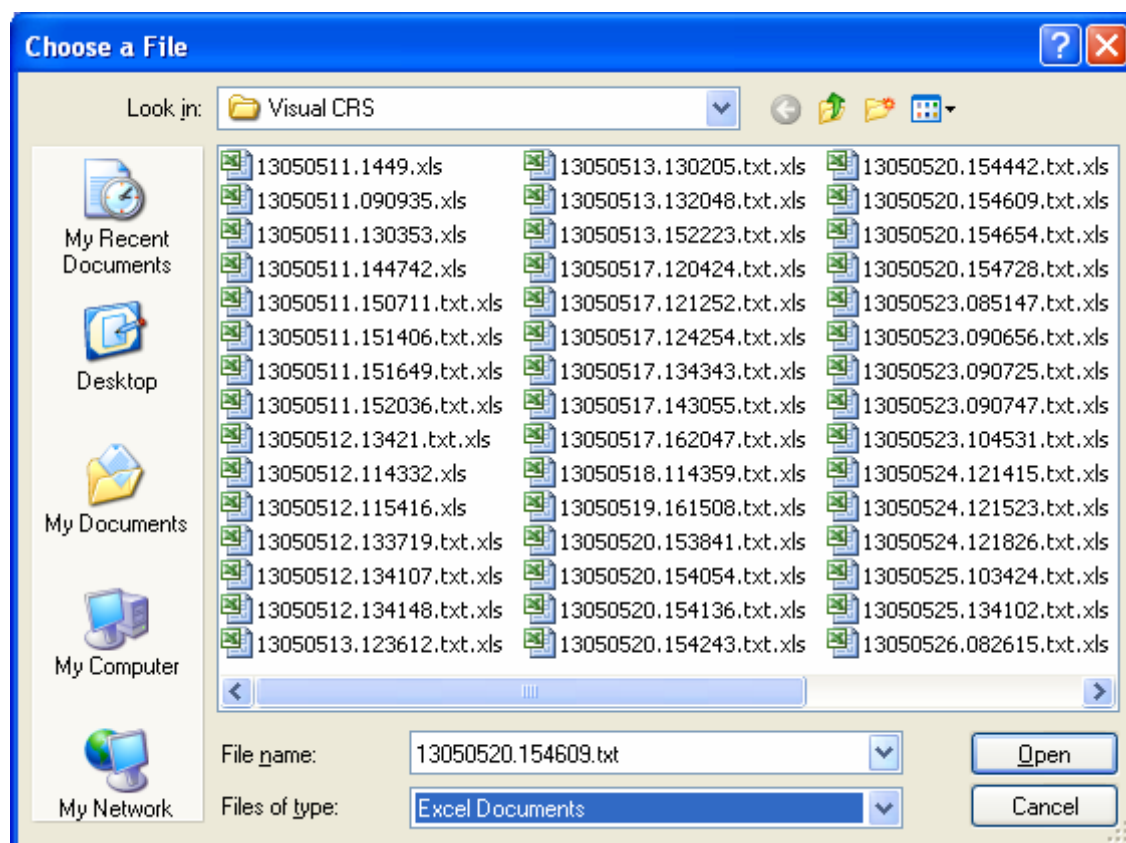


Figure 13-36: Choose a File Window

4. Click the file to be opened and click the Open button. The file is then opened in Excel.

14.0 Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk by:

Phone: (505) 248-4371 or

(888) 830-7280

Fax: (505) 248-4363

Web: <http://www.rpms.ihs.gov/TechSupp.asp>

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